



**LOUISIANA STATE UNIVERSITY  
HEALTH SCIENCES CENTER  
LONG TERM DISABILITY INSURANCE  
SERVICE CONTRACT**

## **Specific Conditions Bid #002387**

**Bid Opening will take place on Monday, November 2, 2020 @ 2:00PM**

### **SECTION 1 – BIDDING AND CONTRACT DOCUMENTS**

#### **1.1 Definitions:**

**Bidder** – a legal entity that submits an offer to sell to the Owner on a specified body of work. Generally where the term “Bidder” is used in the specifications, the indication is that the requirement or responsibility is associated with the bid submittal or other pre-award activities.

**Service provider** – vendor that performs the services as specified herein. The term “Service provider” can also be used in the specification as an inclusive term that references the Service provider and all persons, Subservice providers, or other parties of interest acting on behalf of the Service provider in the performance of the contract as described in the specifications.

#### **1.2 Interpretation of Documents and Prior Approvals:**

If any person contemplating submitting a bid is in doubt of the meaning of any part of the specifications, plans or other proposed contract documents and/or desired approval of "or equal" products, they may submit to Patrick Defourneaux e-mail at [pdefou@lsuhsc.edu](mailto:pdefou@lsuhsc.edu) a written request for an interpretation or prior approval not later than NOON on Friday, October 16, 2020. Any interpretation of documents and prior approvals will be made only by addendum duly issued and mailed or delivered to each bidder receiving a set of the plans and specifications. LSUHSC will not be responsible for any other explanations or interpretation of the specifications or proposed documents.

#### **1.3 Pre-Bid Conference:**

There will be no mandatory Pre-Bid Conference for this solicitation.

No allowances for previously existing site conditions will be made after the bid. It is the responsibility of the bidder to thoroughly inspect the site to determine any and all factors, which will affect the bid.

#### **1.4 Bidder's Representation:**

Each Bidder by his bid represents the following:

1. Bidder has read and understands the Bidding Documents and his or her bid is made in accordance therewith.
2. Bidder's bid is based solely upon the materials, systems and services described in the Bidding Documents as advertised and as modified by addenda.
3. Bid is not based on any verbal instructions contrary to the Contract Documents and addenda

### **1.5 Bidding Procedure & Bid Submission:**

Bidders must properly complete and sign Bid, including all required attestations and addenda. Any exceptions to the attached terms and conditions or the indemnification agreement shall be presented at the time of the bid submission. Note that any exceptions may result in a disqualified bid if the aforementioned exceptions are in conflict with state guidelines governing LSUHSC. Bids must be signed by a representative of your company authorized to enter into contracts on behalf of your organization in accordance with Louisiana R.S. 39:1594.

#### **These documents must be included with the bid:**

1. INVITATION TO BID
2. ATTACHMENT A - CERTIFICATION STATEMENT
3. ATTACHMENT B - INDEMNIFICATION AGREEMENT
4. ATTACHMENT C - EQUAL EMPLOYMENT OPPORTUNITY CLAUSE
5. ATTACHMENT D – AFFIRMATIVE ACTION COMPLIANCE
6. COPY OF STATE OF LOUISIANA BUSINESS LICENSE
7. DOCUMENTATION OF CURRENT BEST RATING
8. DOCUMENTATION OF CURRENT MOODY'S OR S&P RATING
9. ADDENDA REQUIRING A SIGNATURE (if any are issued)

All bids are due by 2:00 PM, Monday, November 2, 2020, at 433 Bolivar Street, Room 623 (Purchasing Department), New Orleans, LA 70112. **Late bids will not be accepted, and will be returned unopened.** It is the bidder's responsibility to make sure bids are delivered before the bid opening. Fax or e-mail bids will not be accepted. Delays by mail, traffic, or any other reason will be at the bidders own risk. The bid package must be delivered at the Bidder's expense to:

Patrick Defourneaux

Procurement Analyst, LSU Health Sciences Center

433 Bolivar St.

6th Floor, Purchasing Dept - Room 623

New Orleans, LA 70112

Office phone: 504-568-2947

Email: [pdefou@lsuhsc.edu](mailto:pdefou@lsuhsc.edu)

### **BIDS SHALL BE DELIVERED IN A SEALED ENVELOPE WITH THE BID NUMBER CLEARLY MARKED ON THE OUTSIDE OF THE ENVELOPE.**

In accordance with R.S. 39:1581, Chapter 5, Section 521C of the Louisiana State Purchasing Rules and Regulations, when an error is made in extending total prices, the unit bid price will govern. Award: LSUHSC-NO will award to the lowest responsive and responsible bidder based on the unit pricing of any and all items.

Per John Bel Edwards Proclamation 41: JBE 2020 State of Emergency for COVID-19 Extension of Emergency Provisions...Section 3 State Procurement Part D -9: All Public Bid openings shall be suspended. Bid Openings will be made available via phone or web conference.

### **Web Conference Info**

Topic: Bid Opening 002387

Time: Nov 2, 2020 02:00 PM

Join Zoom Meeting: <https://lsuhsc.zoom.us/j/99107566534>

Meeting ID: 991 0756 6534

### **1.6 Calendar of Events:**

<b><u>Event</u></b>	<b><u>Date</u></b>
ITB Announcement	Monday, October 5, 2020
Written Inquiry Deadline (12:00 Noon)	Friday, October 16, 2020
Issue Responses to Provider Inquiries	Monday, October 19, 2020
Bid Submission Deadline (2:00 PM)	Monday, November 2, 2020
Bid Award & Notification	Tuesday, November 3, 2020

NOTE: LSUHSC reserves the right to amend and/or change this schedule of ITB activities, as it deems necessary.

### **1.7 Compliance with Applicable Laws and Regulations:**

Service provider shall perform all requirements under this contract in strict observance of and in compliance with all applicable laws, regulations, ordinances, codes and any other legislative or statutory requirements. Service provider warrants the performance of services under this contract shall be fully compliant with the current requirements of the Occupational Safety and Health Act (OSHA) to include as it may be amended throughout the term of this contract. Service provider shall take precautions to insure work is performed in compliance with occupational safety standards. Service provider shall obtain all permits and licenses and pay all taxes, charges and fees necessary to perform the services under this contract.

### **1.8 Resolving Contract Disputes:**

State statute requires that disputes arising under this contract not be resolved in a forum outside of Louisiana. Requiring contract disputes to be resolved in a forum outside of this state or requiring their interpretation to be governed by the laws of another jurisdiction, are inequitable and against the public policy of this state.

**1.9 Late Payment Policy:** State statute RS 39:1695 requires that if a state agency fails to make any payment within 90 days of the due date, that agency shall pay, in addition to the payment, interest on the amount due at the rate established pursuant to Civil Code Article 2824 (B) (3) per year, from the 91<sup>st</sup> day after the due date.

## **SECTION 2 – SCOPE OF WORK**

### **2.1 Summary:**

The LSU Health Sciences Center in New Orleans (LSUHSC) is requesting bids for a long term disability insurance policy for the physician interns, residents, and fellows (House Officers) of this institution who are training in New Orleans, Baton Rouge, Lake Charles, Bogalusa and Lafayette.

The contract duration will be from December 1<sup>st</sup>, 2020 through November 30<sup>th</sup>, 2021 with an option for contract renewal for four (4) additional twelve (12) month periods, provided that all terms and conditions (including pricing) remain the same. Total duration of the contract shall not exceed sixty (60) months.

### **2.2 Scope:**

LSUHSC is soliciting bids for a long term group disability insurance policy for the house officers enrolled in the training programs of LSUHSC and in certain training programs of the Dental School, in New Orleans, Baton Rouge, Lake Charles, Bogalusa and Lafayette. This policy shall be mandatory for the covered individuals at LSUHSC. The policy shall be between LSUHSC and the insurance company providing the policy. Commissions shall not be included in the quote.

There have been no claims over the last 3 years.

### **2.3 LSUHSC Representation:**

The intended designated representative of LSUHSC for this project is Stephanie Galendez. Any changes to the scope of coverage must be submitted to the designated LSUHSC representative. Stephanie Galendez can be contacted via phone at 504-568-8686. Should Ms. Galendez be unavailable, Nicole Chatelain should be contacted with any related questions or issues. Ms. Chatelain can be contacted via phone at 504-568-4006.

## **2.4 Current Enrollment (by category):**

The following is the current enrollment of the House Officers that would be covered by the policy, as of September 1<sup>st</sup>, 2020. The enrollment figures vary slightly from year to year and this request for bids does not guarantee a specific number of individuals that will be covered by the policy.

<b>House Officers</b>	<b>Female</b>	<b>Male</b>
House Officer 1	116	131
House Officer 2	91	123
House Officer 3	106	108
House Officer 4	50	63
House Officer 5	13	21
House Officer 6	1	3
House Officer 7	2	0
House Officer 8	25	28
House Officer 9	18	14
House Officer 10	9	13
<b>Total</b>	<b>431</b>	<b>504</b>
<b>Grand Total</b>	<b>935</b>	

Census data on these individuals is attached at the end of this request for bids. This information is the most complete available. Information on smoking status is not available at this time.

## **SECTION 3 – EVALUATION, SELECTION, AND AWARD**

- 3.1** The selection of the successful bidder will be based on the lowest cost offered for the coverage described and required by this request for bids and whose submission meets or exceeds all material and mandatory aspects of this bid request.
- 3.2** The bid must meet or comply with all mandatory administrative requirements. Failure to meet those, requirements shall result in the bid being rejected without further consideration.
- 3.3** The bid will then be examined to determine if the insurance company and the agent meet the mandatory criteria established in this request for bids. Any bid from an insurance company or agent that does not meet these requirements will be rejected without further consideration.
- 3.4** LSUHSC reserves the right to require additional information from bidders, to clarify bid responses, and to conduct any additional investigations that may be required to determine bidder responsibility.
- 3.5** After the contract has been awarded, no changes will be made to any part of the contract without written approval from the Associate Dean of Academic Affairs and an authorized representative from the Purchasing Department. The proposed change will be submitted in writing, with a complete breakdown of all costs.

## **SECTION 4 – DISABILITY INSURANCE POLICY SPECIFICATIONS**

### **4.1 Scope**

These specifications establish the technical requirements of the long term group disability policy desired, and for the insurance company and its agent. Bidders are cautioned that all stated specifications or requirements are MANDATORY unless otherwise indicated.

### **4.2 Requirements For Insurance Company**

The following are the mandatory requirements that an insurance company must meet in order to qualify for participation in this request for bids.

The company must be admitted and licensed to do business in the State of Louisiana. Proof of compliance must be submitted with bid.

The company must possess a Best's Insurance Reports policyholder's current rating of A- (excellent) or higher. The company must meet the Best's qualifications without regard to any cut-through endorsements to a higher company. The bidders must provide documentation of the current Best rating with their bid.

The company must ALSO currently possess at least one (1) of the following ratings:

Moody's -A 3 (Good) or higher.

Standard & Poor's -Insurer Solvency Review: A- (Strong) or higher.

The company must submit documentation of at least one of the above referenced ratings in addition to the documentation of the required Best's rating with their bid.

The company must have a local agent(s) located in Louisiana, who shall be appointed by the company to receive and process claim files to the company. That agent(s) must be available to service the plan in the New Orleans area, and service the covered individuals training in New Orleans, Baton Rouge, Lake Charles, Bogalusa and Lafayette. The agent must meet the requirements listed in Section 4.3.

### **4.3 Insurance Agent Specifications and Requirements**

The following are the mandatory requirements that an insurance agent must meet in order to qualify for participation in this request for bids.

The agent must be licensed to do business in the State of Louisiana. Proof of a current license must be submitted with the bid response.

### **4.4 Policy Specifications and Requirements**

The following are the mandatory specifications and requirements for the policy that is desired by LSUHSC. Any bid that proposes coverage that does not meet these requirements will be rejected. The policy must conform with the Louisiana Department of Insurance regulations.

#### **4.4.1 Required Coverage**

All LSUHSC - New Orleans, Baton Rouge, Lafayette House Officers, and certain Dental School House Officers will be covered by this policy. The policy must be a "guarantee issue" policy for the basic benefits required in this request for bids. Bidders must submit a set rate for all classes.

Individuals shall become insured on the day the policy becomes effective and the policy shall continue for 12 months. The policy must also provide for additional enrollees who enter LSUHSC's training programs at intervals during the policy period.

The coverage must continue to be in effect during regularly scheduled LSUHSC vacations and holidays and shall end at the end of the currently paid policy period. Provisions shall be made for military leaves and/or an approved leave of absence.

The policy must include partial disability benefits, and have a zero day residual definition. The definition of partial disability as it relates to loss of earnings should be the same throughout the period of claim. Additionally, the indexing of pre-disability income during a partial claim should be based on compounded interest with no cap as opposed to simple interest.

The policy must be eligible for conversion to a guaranteed issue and guaranteed renewable group certificate disability income policy with unisex rates with coverage of at least \$3,000 per month or above in benefits.

#### **4.4.2 Required Benefit Levels**

The minimum required benefits that must be offered are as follows. Bidders may also quote rates for additional coverage (above the required minimums) which House Officers may purchase (at their option) in addition to the minimal required coverage. The evaluation of bids shall not take the cost of additional coverage (if any is offered) into account.

This policy shall include a clause that defines sickness as an illness or disease, including acquired immune-deficiency syndrome, and pregnancy or complications of pregnancy, requiring treatment by a Physician.

This policy shall include a clause limiting coverage due to a pre-existing condition 12/12 pre-existing.

The policy should include a clause concerning benefits after coverage ends or is changed. This clause should indicate that the House Officer's right to receive LTD monthly benefits for a disability that begins while he/she is covered is not affected by termination of the Policy after he/she becomes disabled.

This policy should include a clause concerning survivor benefits. This clause should indicate that benefits will be payable to the eligible survivors of an employee who dies while disabled.

This policy must cover 60% of salary to a maximum of \$5,000.00 per month after a 90 day elimination period, with benefits payable to age 65 (ADEA). The definition of disability shall be two (2) years "Own Occupation in good standing".

#### **4.4.3 Premium Payment**


LSUHSC - New Orleans, Office of Graduate Medical Education will be responsible for premium payments for House Officers only, on a monthly billing basis and all eligible house officers will be required to participate.

#### **4.4.4 Policy Premium Requirements**

During the period in which the successful bidder is under contract to LSUHSC, rates charged under the policy may not increase.



# INVITATION TO BID

<b>LSUHSC New Orleans</b>		BIDS WILL BE PUBLICLY OPENED:  <b>November 02, 2020 02:00 PM</b>
VENDOR NO. : SOLICITATION : <b>002387</b> OPENING DATE : <b>11/02/2020</b>		Return Sealed Bid to: Purchasing Department 433 Bolivar St New Orleans LA 70112  BUYER : Defourneaux, Patrick M BUYER PHONE : 504/568-2947 DATE ISSUED : 10/05/2020 REQ. NO : FISCAL YEAR : 0

LONG TERM DISABILITY INSURANCE

To be Completed by Vendor:

BUSINESS NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TAX ID NUMBER \_\_\_\_\_

\_\_\_\_\_ % CASH DISCOUNT FOR PROMPT PAYMENT IF MADE WITHIN THIRTY 30 DAYS. CASH DISCOUNTS FOR LESS THAN 30 DAYS OR LESS THAN 1% WILL BE ACCEPTED, BUT WILL NOT BE CONSIDERED IN DETERMINING AWARDS. ON INDEFINITE QUANTITY TERM CONTRACTS, CASH DISCOUNTS WILL BE ACCEPTED AND TAKEN BUT WILL NOT BE CONSIDERED IN DETERMINING AWARDS.

## INSTRUCTION TO BIDDERS

1. READ THE ENTIRE BID (INCLUDING ALL TERMS AND CONDITIONS AND SPECIFICATIONS).

### DIVERSE SUPPLIER

- (A) SUPPLIER UNDERSTANDS THAT LSU, AS THE STATE'S FLAGSHIP UNIVERSITY, HAS AN INTEREST IN PROVIDING ENTREPRENEURIAL OPPORTUNITIES TO DIVERSITY-OWNED BUSINESSES. THE UNIVERSITY IS DEDICATED TO PROMOTING THE GROWTH AND DEVELOPMENT OF MINORITY, WOMEN, AND SMALL AND HISTORICALLY UNDERUTILIZED BUSINESSES ("DIVERSE BUSINESSES") BY PROVIDING OPPORTUNITIES TO PARTICIPATE IN UNIVERSITY CONTRACTS.
- (B) IN SUPPORT OF THIS COMMITMENT, THE SUPPLIER SHALL USE GOOD FAITH AND BEST EFFORTS TO PROVIDE OPPORTUNITIES TO DIVERSE BUSINESSES THAT ARE EITHER CERTIFIED BY THE STATE OR ANOTHER CERTIFYING AGENCY IN A DIVERSE CATEGORY, AS A SUBCONTRACTOR OR SUPPLIER UNDER THIS AGREEMENT.
- (C) IF APPLICABLE, SUPPLIER SHALL PROVIDE LSU WITH A LIST OF DIVERSITY-OWNED BUSINESSES DURING EACH CONTRACT YEAR, THE LIST OF BUSINESSES SHOULD IDENTIFY:
  - (1) THE NAME OF THE BUSINESS;
  - (2) ITS PRINCIPAL OFFICE OR ADDRESS;
  - (3) THE OWNER(S); AND
  - (4) THE SERVICES OR GOODS THAT IT MAY PROVIDE OR SUPPLY AND THE VALUE OF THE GOODS OR SERVICES PROCURED FROM THE BUSINESSES INCLUDED ON SUPPLIER'S LIST.
- (D) TO THE EXTENT THAT ANY FEDERAL OR STATE LAW, RULE, OR REGULATION WOULD REQUIRE THAT THIS SECTION BE MODIFIED OR VOIDED, THE PARTIES AGREE THAT SUCH PROVISION CAN BE AMENDED OR SEVERED FROM THE AGREEMENT WITHOUT AFFECTING ANY OF THE OTHER TERMS OF THE AGREEMENT.

2. ALL BID PRICES MUST BE TYPED OR WRITTEN IN INK. ANY CORRECTIONS, ERASURES OR OTHER FORMS OF ALTERATION TO UNIT PRICES SHOULD BE INITIALIZED BY THE BIDDER.

3. THIS BID IS TO BE MANUALLY SIGNED IN INK BY A PERSON AUTHORIZED TO BIND THE VENDOR (See No.9).

VENDOR PHONE NUMBER: FAX NUMBER:	TITLE	DATE
SIGNATURE OF AUTHORIZED BIDDER (MUST BE SIGNED)	NAME OF BIDDER (TYPED OR PRINTED)	

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4. BID PRICES SHALL INCLUDE DELIVERY OF ALL ITEMS F.O.B. DESTINATION OR AS OTHERWISE PROVIDED. BIDS CONTAINING "PAYMENT IN ADVANCE" OR "C.O.D." REQUIREMENTS MAY BE REJECTED. PAYMENT IS TO BE MADE WITHIN 30 DAYS AFTER RECEIPT OF A PROPERLY EXECUTED INVOICE THAT IS APPROVED BY LSUHSC OR DELIVERY, WHICHEVER IS LATER.

5. DESIRED DELIVERY: 10 DAYS AFTER RECEIPT OF ORDER, UNLESS SPECIFIED ELSEWHERE.

6. TO ASSURE CONSIDERATION OF YOUR BID, SEE HEADER FOR RETURN INSTRUCTIONS. ALL BIDS AND ADDENDA SHOULD BE RETURNED IN AN ENVELOPE OR PACKAGE AND CLEARLY ENDORSED WITH THE BID OPENING DATE, BID OPENING TIME, BID NUMBER, AND BID TITLE. ALL REQUEST FOR QUOTATIONS AND ADDENDA SHOULD BE SUBMITTED VIA FAX, EMAIL OR PLACED IN AN ENVELOPE AND DELIVERED.

7. BIDS SUBMITTED ARE SUBJECT TO PROVISIONS OF THE LAWS OF THE STATE OF LOUISIANA INCLUDING BUT NOT LIMITED TO L.R.S. 39:1551-1736; PURCHASING RULES AND REGULATIONS; EXECUTIVE ORDERS; STANDARD TERMS AND CONDITIONS; SPECIAL CONDITIONS; AND SPECIFICATIONS LISTED IN THIS SOLICITATION.

PROHIBITION OF DISCRIMINATORY BOYCOTTS OF ISRAEL:

IN ACCORDANCE WITH EXECUTIVE ORDER NUMBER JBE 2018-15, EFFECTIVE MAY 22, 2018, FOR ANY CONTRACT FOR \$100,000 OR MORE AND FOR ANY CONTRACTOR WITH FIVE OR MORE EMPLOYEES, CONTRACTOR, OR ANY SUBCONTRACTOR, SHALL CERTIFY IT IS NOT ENGAGING IN A BOYCOTT OF ISRAEL, AND SHALL, FOR THE DURATION OF THIS CONTRACT, REFRAIN FROM A BOYCOTT OF ISRAEL. THE STATE RESERVES THE RIGHT TO TERMINATE THIS CONTRACT IF THE CONTRACTOR, OR ANY SUBCONTRACTOR, ENGAGES IN A BOYCOTT OF ISRAEL DURING THE TERM OF THE CONTRACT.

8. IMPORTANT:

BY SIGNING THIS BID, THE BIDDER CERTIFIES COMPLIANCE WITH ALL INSTRUCTIONS TO BIDDERS, TERMS, CONDITIONS, AND SPECIFICATIONS AND FURTHER CERTIFIES THAT THIS BID IS MADE WITHOUT COLLUSION OR FRAUD. ALL BID INFORMATION SHALL BE MADE WITH INK OR TYPEWRITTEN.

9. SIGNATURE AUTHORITY:

SUBMIT EVIDENCE WITH THE BID OR UPON REQUEST

R.S. 39:1594 (C) (4) EVIDENCE OF AGENCY, CORPORATE, OR PARTNERSHIP AUTHORITY SHALL BE REQUIRED FOR SUBMISSION OF A BID TO PURCHASING AGENCIES OF THE STATE OF LOUISIANA.

THE AUTHORITY OF THE SIGNATURE OF THE PERSON SUBMITTING THE BID SHALL BE DEEMED SUFFICIENT AND ACCEPTABLE IF ANY OF THE FOLLOWING CONDITIONS ARE MET:

(A) THE SIGNATURE ON THE BID IS THAT OF ANY CORPORATE OFFICER LISTED ON THE MOST CURRENT ANNUAL REPORT ON FILE WITH THE SECRETARY OF STATE, OR THE SIGNATURE ON THE BID IS THAT OF ANY MEMBER OF A PARTNERSHIP OR PARTNERSHIP IN COMMENDAM LISTED IN THE MOST CURRENT PARTNERSHIP RECORDS ON FILE WITH THE SECRETARY OF STATE.

(B) THE SIGNATURE ON THE BID IS THAT OF AN AUTHORIZED REPRESENTATIVE OF THE CORPORATION, PARTNERSHIP, OR OTHER LEGAL ENTITY AND THE BIDDER SUBMITS OR PROVIDES UPON REQUEST A CORPORATE RESOLUTION, CERTIFICATION AS TO THE CORPORATE PRINCIPAL, OR OTHER DOCUMENTS INDICATING AUTHORITY WHICH ARE ACCEPTABLE TO THE PUBLIC ENTITY, INCLUDING REGISTRATION ON AN ELECTRONIC INTERNET DATABASE MAINTAINED BY THE PUBLIC ENTITY.

(C) THE CORPORATION, PARTNERSHIP, OR OTHER LEGAL ENTITY HAS FILED IN THE APPROPRIATE RECORDS OF THE SECRETARY OF STATE IN WHICH THE PUBLIC ENTITY IS LOCATED, AN AFFIDAVIT, RESOLUTION, OR OTHER ACKNOWLEDGED OR

# Invitation to Bid

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AUTHENTIC DOCUMENT INDICATING THE NAMES OF ALL PARTIES AUTHORIZED TO SUBMIT BIDS FOR PUBLIC CONTRACTS. SUCH DOCUMENT ON FILE WITH THE SECRETARY OF STATE SHALL REMAIN IN EFFECT AND SHALL BE BINDING UPON THE PRINCIPAL UNTIL SPECIFICALLY RESCINDED AND CANCELED FROM THE RECORDS OF THE RESPECTIVE OFFICES.

IT IS ACCEPTABLE FOR THE SIGNATURE ON THE BID TO BE LISTED AS A VENDOR CONTACT ON LAPAC (LOUISIANA PROCUREMENT AND CONTRACT NETWORK)

10. INQUIRIES:  
 ADDRESS ALL INQUIRIES AND CORRESPONDENCE TO THE BUYER AT THE PHONE NUMBER AND ADDRESS SHOWN ABOVE.

11. BID FORMS:  
 ALL WRITTEN BIDS, UNLESS OTHERWISE PROVIDED FOR, MUST BE SUBMITTED ON, AND IN ACCORDANCE WITH FORMS PROVIDED AND PROPERLY SIGNED. BIDS SUBMITTED IN THE FOLLOWING MANNER WILL NOT BE ACCEPTED:

- A. BID CONTAINS NO SIGNATURE INDICATING INTENT TO BE BOUND
- B. BID FILLED OUT IN PENCIL; AND
- C. BID NOT SUBMITTED PER THE SOLICITATION DOCUMENT.

BIDS MUST BE RECEIVED AT THE ADDRESS SPECIFIED IN THE SOLICITATION PRIOR TO BID OPENING TIME IN ORDER TO BE CONSIDERED.

12. STANDARDS OR QUALITY:  
 ANY PRODUCT OR SERVICE BID SHALL CONFORM TO ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS AND THE SPECIFICATIONS CONTAINED IN THE SOLICITATION. UNLESS OTHERWISE SPECIFIED IN THE SOLICITATION, ANY MANUFACTURER'S NAME, TRADE NAME, BRAND NAME, OR CATALOG NUMBER USED IN THE SPECIFICATION IS FOR THE PURPOSE OF DESCRIBING THE STANDARD OF QUALITY, PERFORMANCE, AND CHARACTERISTICS DESIRED AND IS NOT INTENDED TO LIMIT OR RESTRICT COMPETITION. BIDDER MUST SPECIFY THE BRAND AND MODEL NUMBER OF THE PRODUCT OFFERED IN HIS/HER BID. BIDS NOT SPECIFYING BRAND AND MODEL NUMBER SHALL BE CONSIDERED AS OFFERING THE EXACT PRODUCTS SPECIFIED IN THE SOLICITATION. LSUHSC RESERVES THE RIGHT TO INSPECT AND TEST THE DELIVERED ITEMS FOR COMPLIANCE WITH THE BID SPECIFICATIONS. IF THE ITEM FAILS TO MEET THE SPECIFICATIONS, THE COST OF TEST AND INSPECTION WILL BE PAID BY THE CONTRACTOR. IF THE ITEM IS IN COMPLIANCE, COST OF ALL TESTS WILL BE PAID BY LSUHSC.

13. DESCRIPTIVE INFORMATION:  
 BIDDERS PROPOSING AN EQUIVALENT BRAND OR MODEL SHOULD SUBMIT WITH THE BID, INFORMATION (SUCH AS ILLUSTRATIONS, DESCRIPTIVE LITERATURE, AND TECHNICAL DATA) SUFFICIENT FOR LSUHSC TO EVALUATE QUALITY, SUITABILITY, AND COMPLIANCE WITH THE SPECIFICATIONS IN THE SOLICITATION. FAILURE TO SUBMIT DESCRIPTIVE INFORMATION MAY CAUSE BID TO BE REJECTED. ANY CHANGE MADE TO A MANUFACTURER'S PUBLISHED SPECIFICATION SUBMITTED FOR A PRODUCT SHALL BE VERIFIABLE BY THE MANUFACTURER. IF ITEM(S) BID DO NOT FULLY COMPLY WITH SPECIFICATIONS (INCLUDING BRAND AND/OR PRODUCT NUMBER), BIDDER MUST STATE IN WHAT RESPECT ITEMS(S) DEVIATE. FAILURE TO NOTE EXCEPTIONS ON THE BID FORM WILL NOT RELIEVE THE SUCCESSFUL BIDDER(S) FROM SUPPLYING THE ACTUAL PRODUCTS REQUESTED.

14. BID OPENING:  
 BIDDERS MAY ATTEND THE BID OPENING, BUT NO INFORMATION OR OPINIONS CONCERNING THE ULTIMATE CONTRACT AWARD WILL BE GIVEN AT THE BID OPENING OR DURING THE EVALUATION PROCESS. BIDS MAY BE EXAMINED WITHIN 72 HOURS AFTER BID OPENING. INFORMATION PERTAINING TO COMPLETED FILES MAY BE SECURED BY VISITING LSUHSC DURING NORMAL

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<p>WORKING HOURS. WRITTEN BID TABULATIONS WILL NOT BE FURNISHED.</p> <p>15. AWARDS:          AWARD WILL BE MADE TO THE LOWEST RESPONSIBLE AND RESPONSIVE BIDDER. LSUHSC RESERVES THE RIGHT TO AWARD ITEMS SEPARATELY, GROUPED, OR ON AN ALL OR NONE BASIS , AND TO REJECT ANY OR ALL BIDS AND WAIVE ANY INFORMALITIES.</p> <p>16. PRICES:          UNLESS OTHERWISE SPECIFIED BY LSUHSC IN THE SOLICITATION, BID PRICES MUST BE COMPLETE, INCLUDING TRANSPORTATION PREPAID BY BIDDER TO DESTINATION AND FIRM FOR ACCEPTANCE FOR A MINIMUM OF 30 DAYS. IF ACCEPTED, PRICES MUST BE FIRM FOR THE CONTRACTUAL PERIOD. BIDS OTHER THAN F.O.B. DESTINATION MAY BE REJECTED. PRICES SHOULD BE QUOTED IN THE UNIT (EACH, BOX, CASE, ETC.) AS SPECIFIED IN THE SOLICITATION.</p> <p>17. TAXES:          VENDOR IS RESPONSIBLE FOR INCLUDING ALL APPLICABLE TAXES IN THE BID PRICE. LSUHSC AGENCIES ARE EXEMPT FROM ALL STATE AND LOCAL SALES AND USE TAXES.</p> <p>18. NEW PRODUCTS:          UNLESS SPECIFICALLY CALLED FOR IN THE SOLICITATION, ALL PRODUCTS FOR PURCHASE MUST BE NEW, NEVER PREVIOUSLY USED, AND THE CURRENT MODEL AND/OR PACKAGING. NO REMANUFACTURED, DEMONSTRATOR, USED OR IRREGULAR PRODUCT WILL BE CONSIDERED FOR PURCHASE UNLESS OTHERWISE SPECIFIED IN THE SOLICITATION. THE MANUFACTURER'S STANDARD WARRANTY WILL APPLY UNLESS OTHERWISE SPECIFIED IN THE SOLICITATION.</p> <p>19. CONTRACT RENEWALS:          UPON AGREEMENT OF LSUHSC AND THE CONTRACTOR , A TERM CONTRACT MAY BE EXTENDED FOR 4 (FOUR) ADDITIONAL 12 MONTH PERIODS AT THE SAME PRICES, TERMS AND CONDITIONS. IN SUCH CASES, THE TOTAL CONTRACT TERM CANNOT EXCEED 60 MONTHS. RS 39:1615</p> <p>20. CONTRACT CANCELLATION:          TERMINATION FOR NONCOMPLIANCE:          LSUHSC HAS THE RIGHT TO CANCEL ANY CONTRACT, IN ACCORDANCE WITH PURCHASING RULES AND REGULATIONS, FOR CAUSE INCLUDING BUT NOT LIMITED TO THE FOLLOWING:</p> <ul style="list-style-type: none"> <li>(1) FAILURE TO DELIVER WITHIN THE TIME SPECIFIED IN THE CONTRACT;</li> <li>(2) FAILURE OF THE PRODUCT OR SERVICE TO MEET SPECIFICATIONS, CONFORM TO SAMPLE QUALITY OR TO BE DELIVERED IN GOOD CONDITION;</li> <li>(3) MISREPRESENTATION BY THE CONTRACTOR;</li> <li>(4) FRAUD, COLLUSION , CONSPIRACY OR OTHER UNLAWFUL MEANS OF OBTAINING ANY CONTRACT WITH THE STATE;</li> <li>(5) CONFLICT OF CONTRACT PROVISIONS WITH CONSTITUTIONAL OR STATUTORY PROVISIONS OF STATE OR FEDERAL LAW;</li> <li>(6) ANY OTHER BREACH OF CONTRACT.</li> </ul> <p>FURTHER, LSUHSC MAY TERMINATE THIS CONTRACT FOR CAUSE BASED UPON THE FAILURE OF THE CONTRACTOR TO COMPLY WITH THE TERMS AND/OR CONDITIONS OF THE CONTRACT; PROVIDED THAT LSUHSC SHALL GIVE THE CONTRACTOR WRITTEN NOTICE SPECIFYING THE FAILURE. IF WITHIN THIRTY (30) DAYS AFTER RECEIPT OF SUCH NOTICE, THE CONTRACTOR SHALL NOT HAVE EITHER CORRECTED SUCH FAILURE OR, IN THE CASE WHICH CANNOT BE CORRECTED IN THIRTY (30) DAYS, BEGUN IN GOOD FAITH TO CORRECT SAID FAILURE AND THEREAFTER PROCEEDED DILIGENTLY TO COMPLETE SUCH CORRECTION, THEN LSUHSC MAY, AT ITS OPTION, PLACE THE CONTRACTOR IN DEFAULT AND THE CONTRACT SHALL TERMINATE ON THE DATE</p>	

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SPECIFIED IN SUCH NOTICE. THE CONTRACTOR MAY EXERCISE ANY RIGHTS AVAILABLE TO IT UNDER LOUISIANA LAW TO TERMINATE FOR CAUSE UPON THE FAILURE OF LSUHSC TO COMPLY WITH THE TERMS AND CONDITIONS OF THIS CONTRACT; PROVIDED THAT THE CONTRACTOR SHALL GIVE LSUHSC WRITTEN NOTICE SPECIFYING LSUHSC'S FAILURE AND A REASONABLE OPPORTUNITY FOR LSUHSC TO CURE THE DEFECT

TERMINATION FOR CONVENIENCE:

LSUHSC MAY, AT ANY TIME, TERMINATE THE CONTRACT FOR THEIR CONVENIENCE AND WITHOUT CAUSE. UPON RECEIPT OF WRITTEN NOTICE FROM LSUHSC OF SUCH TERMINATION FOR THEIR CONVENIENCE, THE CONTRACTOR SHALL: CEASE OPERATIONS AS DIRECTED BY LSUHSC IN THE NOTICE; TAKE ACTIONS NECESSARY, OR THAT LSUHSC MAY DIRECT, FOR THE PROTECTION AND PRESERVATION OF THE WORK; AND EXCEPT FOR WORK DIRECTED TO BE PERFORMED PRIOR TO THE EFFECTIVE DATE OF TERMINATION STATED IN THE NOTICE, TERMINATE ALL EXISTING SUBCONTRACTS AND PURCHASE ORDERS AND ENTER INTO NO FURTHER SUBCONTRACTS AND PURCHASE ORDERS. IN CASE OF SUCH TERMINATION FOR LSUHSC'S CONVENIENCE, THE CONTRACTOR SHALL BE ENTITLED TO RECEIVE PAYMENT FOR WORK EXECUTED. LSUHSC SHALL NOT BE RESPONSIBLE OR OTHERWISE LIABLE FOR ANY DEMOBILIZATION COSTS OR INCIDENTAL OR CONSEQUENTIAL DAMAGES RESULTING FROM SUCH TERMINATION.

TERMINATION FOR NON-APPROPRIATION OF FUNDS:

THE CONTINUATION OF THIS CONTRACT IS CONTINGENT UPON THE APPROPRIATION OF FUNDS TO FULFILL THE REQUIREMENTS OF THE CONTRACT.

21. DEFAULT OF CONTRACT:

FAILURE TO DELIVER WITHIN THE TIME SPECIFIED IN THE BID WILL CONSTITUTE A DEFAULT AND MAY CAUSE CANCELLATION OF THE CONTRACT. WHERE THE UNIVERSITY HAS DETERMINED THE CONTRACTOR TO BE IN DEFAULT, THE UNIVERSITY RESERVES THE RIGHT TO PURCHASE ANY OR ALL PRODUCTS OR SERVICES COVERED BY THE CONTRACT ON THE OPEN MARKET AND TO CHARGE THE CONTRACTOR WITH COST IN EXCESS OF THE CONTRACT PRICE. UNTIL SUCH ASSESSED CHARGES HAVE BEEN PAID, NO SUBSEQUENT BID FROM THE DEFAULTING CONTRACTOR WILL BE CONSIDERED.

22. ORDER OF PRIORITY:

IN THE EVENT THERE IS A CONFLICT BETWEEN THE INSTRUCTIONS TO BIDDERS OR STANDARD CONDITIONS AND THE SPECIAL CONDITIONS, THE SPECIAL CONDITIONS SHALL GOVERN.

23. APPLICABLE LAW:

ALL CONTRACTS SHALL BE CONSTRUED IN ACCORDANCE WITH AND GOVERNED BY THE LAWS OF THE STATE OF LOUISIANA.

24. COMPLIANCE WITH CIVIL RIGHTS LAWS:

BY SUBMITTING AND SIGNING THIS BID, BIDDER AGREES TO ABIDE BY THE REQUIREMENTS OF THE FOLLOWING AS APPLICABLE: TITLE VI AND VII OF THE CIVIL RIGHTS ACT OF 1964, AS AMENDED BY THE EQUAL OPPORTUNITY ACT OF 1972, FEDERAL EXECUTIVE ORDER 11246, FEDERAL REHABILITATION ACT OF 1973, AS AMENDED, THE VETERAN'S READJUSTMENT ASSISTANCE ACT OF 1974, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE ACT OF 1975, AND BIDDER AGREES TO ABIDE BY THE REQUIREMENTS OF THE AMERICANS WITH DISABILITIES ACT OF 1990. BIDDER AGREES NOT TO DISCRIMINATE IN ITS EMPLOYMENT PRACTICES AND WILL RENDER SERVICES UNDER ANY CONTRACT ENTERED INTO AS A RESULT OF THIS SOLICITATION WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, POLITICAL AFFILIATION, DISABILITY, VETERAN STATUS, OR ANY OTHER NON-MERIT FACTOR. ANY ACT OF DISCRIMINATION COMMITTED BY BIDDER, OR FAILURE TO COMPLY WITH THESE STATUTORY OBLIGATIONS WHEN APPLICABLE, SHALL BE GROUNDS FOR TERMINATION OF ANY CONTRACT ENTERED INTO AS A RESULT OF THIS SOLICITATION.

# Invitation to Bid

## STANDARD TERMS & CONDITIONS

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BIDDER:

### 25. SPECIAL ACCOMMODATIONS:

ANY "QUALIFIED INDIVIDUAL WITH A DISABILITY" AS DEFINED BY THE AMERICANS WITH DISABILITIES ACT WHO HAS SUBMITTED A BID AND DESIRES TO ATTEND THE BID OPENING, MUST NOTIFY THIS OFFICE IN WRITING NOT LATER THAN SEVEN DAYS PRIOR TO THE BID OPENING DATE OF THEIR NEED FOR SPECIAL ACCOMMODATIONS. IF THE REQUEST CANNOT BE REASONABLY PROVIDED, THE INDIVIDUAL WILL BE INFORMED PRIOR TO THE BID OPENING.

### 26. INDEMNITY:

CONTRACTOR AGREES, UPON RECEIPT OF WRITTEN NOTICE OF A CLAIM OR ACTION, TO DEFEND THE CLAIM OR ACTION, OR TAKE OTHER APPROPRIATE MEASURE, TO INDEMNIFY, AND HOLD HARMLESS, LSUHSC, ITS OFFICERS, ITS AGENTS AND ITS EMPLOYEES FROM AND AGAINST ALL CLAIMS AND ACTIONS FOR BODILY INJURY, DEATH OR PROPERTY DAMAGES CAUSED BY THE FAULT OF THE CONTRACTOR, OFFICERS, ITS AGENTS, OR ITS EMPLOYEES. CONTRACTOR IS OBLIGATED TO INDEMNIFY ONLY TO THE EXTENT OF THE FAULT OF THE CONTRACTOR, ITS OFFICERS, ITS AGENTS, OR ITS EMPLOYEES. HOWEVER, THE CONTRACTOR SHALL HAVE NO OBLIGATION AS SET FORTH ABOVE WITH RESPECT TO ANY CLAIM OR ACTION FROM BODILY INJURY, DEATH OR PROPERTY DAMAGES ARISING OUT OF THE FAULT OF THE UNIVERSITY, ITS OFFICERS, ITS AGENTS OR ITS EMPLOYEES.

### 27. IN ACCORDANCE WITH THE PROVISIONS OF (RS 39:2192):

IN AWARDING CONTRACTS, ANY PUBLIC ENTITY IS AUTHORIZED TO REJECT THE LOWEST BID FROM, OR NOT AWARD THE CONTRACT TO, A BUSINESS IN WHICH ANY INDIVIDUAL WITH AN OWNERSHIP INTEREST OF FIVE PERCENT OR MORE HAS BEEN CONVICTED OF, OR HAS ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE TO ANY STATE FELONY CRIME OR EQUIVALENT FEDERAL FELONY CRIME COMMITTED IN THE SOLICITATION OR EXECUTION OF A CONTRACT OR BID AWARDED UNDER THE LAWS GOVERNING PUBLIC CONTRACTS UNDER THE PROVISIONS OF CHAPTER 10 OF TITLE 38 OF THE LOUISIANA REVISED STATUTES OF 1950, PROFESSIONAL, PERSONAL, CONSULTING, AND SOCIAL SERVICES PROCUREMENT UNDER THE PROVISIONS OF CHAPTER 16 OF TITLE 39, OR THE LOUISIANA PROCUREMENT CODE UNDER THE PROVISIONS OF CHAPTER 17 OF TITLE 39.

### 28. CERTIFICATION OF NO SUSPENSION OR DEBARMENT:

BY SIGNING AND SUBMITTING THIS BID, THE BIDDER CERTIFIES THAT THEIR BUSINESS ENTITY, ANY SUBCONTRACTORS OR PRINCIPALS ARE NOT SUSPENDED OR DEBARRED BY EITHER THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF INSPECTOR GENERAL (OIG) OR THE GENERAL SERVICES ADMINISTRATION (GSA) IN ACCORDANCE WITH THE REQUIREMENTS IN "AUDIT REQUIREMENTS IN SUBPART F OF THE OFFICE OF MANAGEMENT AND BUDGET'S UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS."

A LIST OF PARTIES WHO HAVE BEEN SUSPENDED OR DEBARRED CAN BE VIEWED VIA THE INTERNET AT [HTTPS://SAM.GOV](https://SAM.GOV)

IF AT ANY TIME DURING THE TERM OF THE CONTRACT AWARDED AS A RESULT OF THIS INVITATION TO BID, THIS ENTITY OR ANY OF ITS EMPLOYEES OR SUBCONTRACTORS APPEARS ON EITHER LISTING, THIS ENTITY WILL NOTIFY THE CONTRACTING AGENCY, AND THE CONTRACT WILL BE TERMINATED. THE CONTRACTING AGENCY WILL NOT BE LIABLE FOR ANY DAMAGES RESULTING FROM SAID TERMINATION.

### 29. FEDERAL CLAUSES (IF APPLICABLE):

ANTI-KICKBACK CLAUSE. THE CONTRACTOR HEREBY AGREES TO ADHERE TO THE MANDATE DICTATED BY THE COPELAND "ANTI-KICKBACK" ACT WHICH PROVIDES THAT EACH CONTRACTOR OR SUB GUARANTEE SHALL BE PROHIBITED FROM INDUCING BY ANY MEANS, ANY PERSON EMPLOYED IN THE COMPLETION OF WORK, TO GIVE UP ANY PART OF THE COMPENSATION TO WHICH HE IS OTHERWISE ENTITLED.

# INVITATION TO BID

## STANDARD TERMS & CONDITIONS

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### CLEAN AIR ACT:

THE CONTRACTOR HEREBY AGREES TO ADHERE TO THE PROVISIONS WHICH REQUIRE COMPLIANCE WITH ALL APPLICABLE STANDARDS, ORDERS OR REQUIREMENTS ISSUED UNDER SECTION 306 OF THE CLEAN WATER ACT, WHICH PROHIBITS THE USE UNDER NON-EXEMPT FEDERAL CONTRACTS, GRANTS, OR LOANS OF FACILITIES INCLUDED ON THE EPA LIST OF VIOLATING FACILITIES.

### ENERGY POLICY AND CONSERVATION ACT:

THE CONTRACTOR HEREBY RECOGNIZES THE MANDATORY STANDARDS AND POLICIES RELATING TO ENERGY EFFICIENCY WHICH ARE CONTAINED IN THE STATE ENERGY CONSERVATION PLAN ISSUED IN COMPLIANCE WITH THE ENERGY POLICY AND CONSERVATION ACT (P.L. 94-163)

### CLEAN WATER ACT:

THE CONTRACTOR HERBY AGREES TO ADHERE TO THE PROVISIONS WHICH REQUIRE COMPLIANCE WITH ALL APPLICABLE STANDARDS, ORDERS, OR REQUIREMENTS ISSUED UNDER SECTION 508 OF THE CLEAN WATER ACT WHICH PROHIBITS THE USE UNDER NON-EXEMPT FEDERAL CONTRACTS, GRANTS, OR LOANS OF FACILITIES INCLUDED ON THE EPA LIST OF VIOLATING FACILITIES.

### ANTI-LOBBYING AND DEBARMENT ACT:

THE CONTRACTOR WILL BE EXPECTED TO COMPLY WITH FEDERAL STATUTES REQUIRED IN THE ANTI-LOBBYING ACT AND THE DEBARMENT ACT.

### 30. ADHERENCE TO JCAHO STANDARDS:

WHERE APPLICABLE, LSUHSC IS ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS AND AS SUCH ALL CONTRACTORS, SUBCONTRACTORS, AND VENDORS AGREE TO ADHERE TO THE APPLICABLE STANDARDS PROMULGATED BY THE COMMISSION

### 31. IN ACCORDANCE WITH LOUISIANA LAW, ALL CORPORATIONS (RS 12:163) AND LIMITED LIABILITY COMPANIES (RS 12:1308.2) MUST BE IN GOOD STANDING WITH THE LOUISIANA SECRETARY OF STATE IN ORDER TO HOLD A CONTRACT WITH THE STATE.

### 32. INTERPRETATION OF DOCUMENT:

ANY INTERPRETATION OF THE BID OR QUOTATION DOCUMENT WILL ONLY BE MADE BY AN ADDENDUM ISSUED IN WRITING BY THE PURCHASING DEPARTMENT. SUCH ADDENDUM WILL BE MAILED OR DELIVERED TO EACH PERSON RECEIVING A SET OF THE ORIGINAL BID OR QUOTATION DOCUMENTS. LSUHSC WILL NOT BE RESPONSIBLE FOR ANY OTHER EXPLANATION OR INTERPRETATION OF THE DOCUMENTS.

### 33. THIS SOLICITATION CONTAINS ALL TERMS AND CONDITIONS WITH RESPECT TO THE PURCHASE OF THE GOODS AND OR SERVICES SPECIFIED HEREIN. SUBMITTAL OF ANY CONTRARY TERMS AND CONDITIONS MAY CAUSE YOUR BID TO BE REJECTED. BY SIGNING AND SUBMITTING A BID, VENDOR AGREES THAT CONTRARY TERMS AND CONDITIONS WHICH MAY BE INCLUDED IN ITS BID ARE NULLIFIED AND AGREES THAT THIS CONTRACT SHALL BE CONSTRUED IN ACCORDANCE WITH THIS SOLICITATION.

### 34. VENDORS FORMS:

THE PURCHASE/RELEASE ORDER IS THE ONLY BINDING DOCUMENT TO BE ALLOWED AGAINST THIS CONTRACT. SIGNING OF VENDOR'S FORMS IS NOT ALLOWED.

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**BIDDER:**

**35. PUBLICIZING AWARDS:**

IN ACCORDANCE WITH L.A.C 34:I.535, UNSUCCESSFUL BIDDERS WILL BE NOTIFIED OF THE AWARD PROVIDED THEY SUBMIT WITH THEIR BID A SELF-ADDRESSED STAMPED ENVELOPE REQUESTING THIS INFORMATION.

**36. PREFERENCE:**

IN ACCORDANCE WITH LOUISIANA REVISED STATUTES 39:1595, A PREFERENCE MAY BE ALLOWED FOR PRODUCTS MANUFACTURED, PRODUCED, GROWN, OR ASSEMBLED IN LOUISIANA OF EQUAL QUALITY. DO YOU CLAIM THIS PREFERENCE?

YES \_\_\_\_\_

SPECIFY THE LINE NUMBER (S) \_\_\_\_\_

SPECIFY LOCATION WITHIN LOUISIANA WHERE THIS PRODUCT IS MANUFACTURED, PRODUCED, GROWN OR

ASSEMBLED \_\_\_\_\_

(NOTE: IF MORE SPACE IS REQUIRED, INCLUDE ON SEPARATE SHEET.)

DO YOU HAVE A LOUISIANA BUSINESS WORK FORCE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF SO, DO YOU CERTIFY THAT AT LEAST FIFTY PERCENT (50%) OF YOUR LOUISIANA WORKFORCE IS COMPRISED OF LOUISIANA RESIDENTS?

YES \_\_\_\_\_ NO \_\_\_\_\_

FAILURE TO SPECIFY ABOVE INFORMATION MAY CAUSE ELIMINATION FROM PREFERENCES.

PREFERENCES SHALL NOT APPLY TO SERVICE CONTRACTS.

**37. AUDIT OF RECORDS:** THE STATE LEGISLATIVE AUDITOR, FEDERAL AUDITORS, AND INTERNAL AUDITORS OF THE STATE SHALL HAVE THE RIGHT TO INSPECT AND AUDIT ALL TIMEKEEPING AND EXPENSE RECORDS OF THE CONTRACTING ENTITY OR ANY SUBCONTRACTOR OF THE CONTRACTING ENTITY TO SUBSTANTIATE AMOUNTS INVOICED BY SUPPLIER WITH RESPECT TO THIS AGREEMENT. THE RIGHTS OF INSPECTION AND AUDIT SHALL COMMENCE AS OF THE DATE OF THIS AGREEMENT AND SHALL CONTINUE FOR A PERIOD OF FIVE (5) YEARS AFTER PROJECT ACCEPTANCE OR AS REQUIRED BY APPLICABLE STATE AND FEDERAL LAW. THE CONTRACTING ENTITY AND ANY SUBCONTRACTOR OF THE CONTRACTING ENTITY SHALL MAINTAIN ALL TIMEKEEPING AND EXPENSE RECORDS RELATED TO THIS AGREEMENT FOR THE ENUMERATED FIVE (5) YEAR PERIOD.



# Invitation to Bid

**PRICE SHEET**

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BIDDER:

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UNLESS SPECIFIED ELSEWHERE SHIP TO:

Line No.	Description	Qty	UOM	Unit Price	Extended Amount
1	<p>LONG TERM DISABILITY INSURANCE SERVICE CONTRACT</p> <p>Enter cost as \$_____ per \$100.00 of covered payroll.</p> <p>_____</p>	1.00	EA		

## ATTACHMENT A: CERTIFICATION STATEMENT

**OFFICIAL CONTACT.** The State requires that the Provider designate one person to receive all documents and the method in which the documents are best delivered. Identify the Contact name and fill in the information below: (Print Clearly):

Date: \_\_\_\_\_ Official Contact Name: \_\_\_\_\_

A. E-mail Address: \_\_\_\_\_

B. Facsimile Number with area code: (\_\_\_\_) \_\_\_\_\_

C. US Mail Address: \_\_\_\_\_

D. Telephone Number: \_\_\_\_\_

Provider certifies that the above information is true and grants permission to the State or Agencies to contact the above named person or otherwise verify the information I have provided.

By its submission of this proposal and authorized signature below, Provider certifies that:

- (1) The information contained in its response to this RFQ is accurate;
- (2) Provider warrants that, to the best of his/her/its knowledge and belief, there are no relevant facts which could give rise to organizational conflicts of interest or that the Provider has disclosed all potential or actual organizational conflicts of interest. The Provider agrees that if it becomes the Selected Provider and an organizational conflict of interest with respect to this contract is then discovered, an immediate and full disclosure in writing shall be made to the LSUHSC-NO which shall include a description of the action which the Provider has taken or will take to avoid or mitigate such conflicts. In the event that the successful Provider knowingly failed to disclose a conflict, LSUHSC-NO may immediately terminate the contract for default. Provider certifies that its personnel, who perform work under this contract, have been informed of their obligations to report personal and organizational conflicts of interest to the Provider. The term of this prohibition shall endure for the entire period of this contract and for two (2) years thereafter.
- (3) Provider complies with each of the mandatory requirements listed in the RFQ and will meet or exceed the deliverables specified therein;
- (4) Provider accepts the procedures, contract terms and conditions, and all other administrative requirements set forth in this RFQ.
- (5) Provider's quote is valid for at least ninety (90) days from the date of Provider's signature below;
- (6) Provider understands that if selected as the successful Provider, he/she will have ten (10) business days from the date of delivery of final contract in which to complete contract negotiations, if any, and execute the final contract document.

Authorized Signature: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE of Provider's Authorized Representative

\_\_\_\_\_  
DATE

## ATTACHMENT B - INDEMNIFICATION AGREEMENT

The Selected Provider/Subcontractor agrees to protect, defend, indemnify, save, and hold harmless LSUHSC-NO, State of Louisiana, all State Departments, Boards, and Commissions, officers, agents, servants, and employees, including volunteers, from and against any and all claims, demands, expense, and liability arising out of injury or death to any person or the damage, loss or destruction of any property which may occur or in any way grow out of any act or omission of Selected Provider/Subcontractor, its agents, servants, and employees or any and all costs, expense, and/or attorney fees incurred by Selected Provider/Subcontractor, as a result of any claims, demands, and/or causes of action except of those claims, demands, and/or causes of action arising out of the negligence of LSUHSC-NO, State of Louisiana, all State Departments, Boards, Commissions, its agents, representatives, and/or employees. Selected Provider/ Subcontractor agrees to investigate, handle, respond to, provide defense for and defend any such claim, demand, or suit at its sole expense and agrees to bear all other costs and expenses related thereto, even if any such claim, demand, or suit is groundless, false, or fraudulent.

LSUHSC-NO shall not be responsible or held liable for any injury or damage to persons or property resulting from the use, misuse, or failure of any equipment used by the Selected Provider or any of the Selected Provider's agents, servants, or employees, even if such equipment is furnished by LSUHSC-NO to the Selected Provider. The acceptance or use of any such equipment by the Selected Provider shall be construed to mean that the Selected Provider accepts full responsibility for, and agrees to indemnify and to defend LSUHSC-NO against any and all loss, liability, and claims for any injury or damage whatsoever resulting from the use, misuse, or failure of such equipment, whether such damage or injury is to an employee, agent, or servant, or the property of the Selected Provider, other contractors or subcontractors, LSUHSC-NO, or other persons.

Accepted by: Company \_\_\_\_\_  
Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Is Certificate of Insurance Attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

## ATTACHMENT C: EQUAL EMPLOYMENT OPPORTUNITY CLAUSE

As required by U.S. Labor Department, Office of Federal Contract Compliance, Section 60-1.4.

During the performance of this contract, the successful bidder (contractor or vendor) agrees as follows:

- (1) The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The Contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, or national origin. Such action shall include, but not be limited to the following: Employment, upgrading, demotion, or transfer, recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting offer setting forth the provision of this non-discrimination clause.
- (2) The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex or national origin.
- (3) The Contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided by the agency contracting officer, advising the labor union or workers' representative of the Contractor's commitments under section 202 of Executive Order 11246 of September 24, 1965, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- (4) The Contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.
- (5) The Contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access of his books, records, and accounts by the contracting agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- (6) In the event of the Contractor's noncompliance with the non-discrimination clauses of this contract or with any of such rules, regulations, or orders, this contract may be canceled, terminated or suspended in whole or in part and the Contractor may be declared ineligible for further Government contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
- (7) The Contractor will include the provisions of paragraphs (1) through (7) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The Contractor will take such action with respect to any subcontract or purchase order as the contracting agency may use direct as a means of enforcing such provisions including sanctions for noncompliance: Provided, however, that in the event the Contractor becomes involved in, or is threatened with, litigation with the subcontractor or vendor as a result of such direction by the contracting agency, the Contractor may request the United States to enter into such litigation to protect the interests of the United States.

## Assurance

The bidder (offeror or applicant) assures Board of Supervisors of Louisiana State University and Agricultural and Mechanical College that he does not and will not maintain or provide for his employees any segregated facilities at any of his establishments, and that he does not and will not permit his employees to perform their services at any location, under his control, where segregated facilities are maintained. The bidder (offeror or applicant) understands that the phrase "segregated facilities" includes facilities which are in fact segregated on a basis of race, color, creed, or national origin, because of habit, local custom, or otherwise. The bidder (offeror or applicant) understands and agrees that maintaining or providing segregated facilities for his employees or permitting his employees to perform their services at any locations, under his control, where segregated facilities are maintained is a violation of the equal opportunity clause required by Executive Order 11246 of September 24, 1965.

The bidder (offeror or applicant) further understands and agrees that a breach of the assurance herein contained subjects him to the provisions of Orders of the Secretary of Labor dated May 9, 1967, and the provisions of Orders of the Secretary of Labor dated May 9, 1967, and the provisions of equal opportunity clause enumerated in contract between Board of Supervisors of Louisiana State University and Agricultural and Mechanical College and bidder (offeror or applicant).

Whoever knowingly and willfully makes any false, fictitious, or fraudulent representation may be liable to criminal prosecution under 18 U.S.C. Section 1001.

Vendor

By:

Name and Title

(must be signed by an authorized Executive Official)

Date:

## **ATTACHMENT D: AFFIRMATIVE ACTION COMPLIANCE**

(a) **REQUIREMENTS OF PROGRAMS.** In accordance with Section 60-1.4 of Chapter 60 of Title 41 of the Code of Federal Regulations, as amended, the Seller shall develop and shall require each of its lower-tier subcontractors hereunder who has 50 or more employees and a subcontract of \$50,000 or more to develop a written affirmative action compliance program for each of its establishments. A necessary prerequisite to the development of a satisfactory affirmative action program is the identification and analysis of problem areas inherent in minority employment and an evaluation of opportunities of utilization of minority group personnel. The Seller's and each of its nonexempt lower-tier subcontractor's programs shall provide in detail for specific steps to guarantee equal employment opportunity keyed to the problems and needs of members of minority groups, including, when there are deficiencies, the development of specific goals and timetables for the prompt achievement of full and equal employment opportunity. The Seller and each of its nonexempt lower-tier subcontractors shall include in his affirmative action compliance program a table of job classifications. This table should include but not be limited to job titles, principal duties (and auxiliary duties if any), rates of pay, and where more than one rate of pay applies (because of length of time in job or other factors), the applicable rates. The affirmative action compliance program shall be signed by an executive official of the Seller or lower-tier subcontractor as the case may be.

(b) **UTILIZATION EVALUATION.** The evaluation of utilization of minority group personnel shall include the following:

- (1) An analysis of minority group representation in all job categories.
- (2) An analysis of hiring practices for the past year, including recruitment sources and testing, to determine whether equal employment opportunity is being afforded in all job categories.
- (3) An analysis of upgrading, transfer and promotion for the past year to determine whether equal employment opportunity is being afforded.

(c) **MAINTENANCE OF PROGRAMS.** Within 120 days from the commencement of the applicable purchase order of the lower-tier subcontract hereunder, the Seller and each nonexempt lower-tier subcontract hereunder shall maintain a copy of separate affirmative action compliance programs for each establishment, including evaluations of utilization of minority group personnel and the job classification tables, at each local office responsible for the personnel matters of such establishment. An affirmative action compliance program shall be part of the manpower and training plans for each new establishment and shall be developed and made available prior to the staffing of such establishment. A report of the results of such program shall be compiled annually and the program shall be updated at that time. This information shall be made available to representative of the agency or director upon request and the Seller's and each nonexempt lower-tier subcontractor's affirmative action program and the results it produces shall be evaluated as part of compliance review activities.

VENDOR:

BY:

(Must be signed by authorized executive official)

TITLE:

DATE:

# LSU LOCATIONS ; ADDRESSES



List of all Institutions Affiliated with this Institution and the Programs that Rotate Residents Through them as Approved by the RRC's

Number of Sponsored Programs = 56

## [219502] - Louisiana State University School of Medicine

### [219546] Addiction Recovery Resources, Inc.

Code	Name	Specialty	Type of Relationship
4002131308	Louisiana State University Program	Psychiatry	Other Participating Site

### [218117] Algiers Mental Health Center

Code	Name	Specialty	Type of Relationship
4052121159	Louisiana State University Program	Child and adolescent psychiatry	Major Participating Site

### [219526] Baton Rouge General Burn Center

Code	Name	Specialty	Type of Relationship
3622100001	Louisiana State University School of Medicine Program	Plastic Surgery - Integrated	Other Participating Site

### [217005] Baton Rouge General Medical Center

Code	Name	Specialty	Type of Relationship
2602121141	Louisiana State University Program	Orthopaedic surgery	Other Participating Site
3402121020	Louisiana State University Program	Physical medicine and rehabilitation	Other Participating Site
3622100001	Louisiana State University School of Medicine Program	Plastic Surgery - Integrated	Other Participating Site
4002131308	Louisiana State University Program	Psychiatry	Other Participating Site
4402121114	Louisiana State University Program	Surgery	Other Participating Site
4422113090	Louisiana State University Program	Surgical critical care	Other Participating Site
4502121058	Louisiana State University Program	Vascular surgery	Other Participating Site

### [21C957] Baton Rouge General Medical Center - Bluebonnet

Code	Name	Specialty	Type of Relationship
1102121117	Louisiana State University (Baton Rouge) Program	Emergency medicine	Major Participating Site
2202113364	Louisiana State University (Baton Rouge) Program	Obstetrics and gynecology	Other Participating Site

### [219515] Canon Hospice

Code	Name	Specialty	Type of Relationship
1512113165	Louisiana State University Program	Geriatric medicine	Major Participating Site

**[219543] Capital Area Alliance for the Homeless**

Code	Name	Specialty	Type of Relationship
4002131308	Louisiana State University Program	Psychiatry	Major Participating Site

**[218119] Capital Area Human Service District**

Code	Name	Specialty	Type of Relationship
4002131308	Louisiana State University Program	Psychiatry	Major Participating Site

**[210731] Children's Hospital (New Orleans)**

Code	Name	Specialty	Type of Relationship
0202121070	Louisiana State University Program	Allergy and immunology	Major Participating Site
0402131199	Louisiana State University Program	Anesthesiology	Major Participating Site
1102112021	Louisiana State University Program	Emergency medicine	Other Participating Site
1202121641	Louisiana State University (Kenner) Program	Family medicine	Other Participating Site
1432112193	Louisiana State University Health Sciences Center Program	Endocrinology, diabetes, and metabolism	Other Participating Site
1542114138	Louisiana State University School of Medicine Program	Clinical cardiac electrophysiology	Other Participating Site
1602121032	Louisiana State University Program	Neurological surgery	Major Participating Site
1802121043	Louisiana State University Program	Neurology	Other Participating Site
1852121022	Louisiana State University Program	Child neurology	Major Participating Site
1872121078	Louisiana State University Program	Clinical neurophysiology	Major Participating Site
2402121177	Louisiana State University/Ochsner Clinic Foundation Program	Ophthalmology	Other Participating Site
2602121141	Louisiana State University Program	Orthopaedic surgery	Major Participating Site
2652121016	Louisiana State University Program	Pediatric orthopaedics	Major Participating Site
2802131042	Louisiana State University Program	Otolaryngology	Other Participating Site
2862128102	Louisiana State University School of Medicine Program	Neurotology	Other Participating Site
3002121123	Louisiana State University Program	Pathology-anatomic and clinical	Other Participating Site
3202121090	Louisiana State University Program	Pediatrics	Major Participating Site
3252112086	Louisiana State University Program	Pediatric cardiology	Major Participating Site
3262131071	Louisiana State University Program	Pediatric endocrinology	Major Participating Site
3272121048	Louisiana State University Program	Pediatric hematology/oncology	Major Participating Site
3282131079	Louisiana State University Program	Pediatric nephrology	Major Participating Site
3292121106	Louisiana State University Program	Neonatal-perinatal medicine	Major Participating Site
3322121015	Louisiana State University Program	Pediatric gastroenterology	Major Participating Site
3402121020	Louisiana State University Program	Physical medicine and rehabilitation	Other Participating Site



3602111035	Louisiana State University Program	Plastic surgery	Other Participating Site
3622100001	Louisiana State University School of Medicine Program	Plastic Surgery - Integrated	Other Participating Site
4002121291	Louisiana State University/Ochsner Clinic Foundation Program	Psychiatry	Other Participating Site
4052121159	Louisiana State University Program	Child and adolescent psychiatry	Other Participating Site
4202131259	Louisiana State University Program	Radiology-diagnostic	Other Participating Site
4402121114	Louisiana State University Program	Surgery	Other Participating Site
4422113090	Louisiana State University Program	Surgical critical care	Other Participating Site
5302134013	Louisiana State University Program	Pain medicine (multidisciplinary)	Major Participating Site
7002114022	Louisiana State University Program	Internal medicine/Pediatrics	Major Participating Site

**[218031] Children's Hospital Calhoun Campus**

Code	Name	Specialty	Type of Relationship
4052121159	Louisiana State University Program	Child and adolescent psychiatry	Major Participating Site

**[218021] East Jefferson General Hospital**

Code	Name	Specialty	Type of Relationship
2212122001	Louisiana State University School of Medicine Program	Female pelvic medicine and reconstructive surgery	Major Participating Site
2602121141	Louisiana State University Program	Orthopaedic surgery	Other Participating Site
3292121106	Louisiana State University Program	Neonatal-perinatal medicine	Other Participating Site
3402121020	Louisiana State University Program	Physical medicine and rehabilitation	Other Participating Site
3602111035	Louisiana State University Program	Plastic surgery	Other Participating Site
3622100001	Louisiana State University School of Medicine Program	Plastic Surgery - Integrated	Other Participating Site

**[218093] Elayn Hunt Correctional Facility**

Code	Name	Specialty	Type of Relationship
4002121291	Louisiana State University/Ochsner Clinic Foundation Program	Psychiatry	Other Participating Site
4002131308	Louisiana State University Program	Psychiatry	Other Participating Site

**[219547] Hope Medical Clinic**

Code	Name	Specialty	Type of Relationship
2202121107	Louisiana State University Program	Obstetrics and gynecology	Other Participating Site

**[218055] Houma Outpatient Surgery Center**

Code	Name	Specialty	Type of Relationship
3602111035	Louisiana State University Program	Plastic surgery	Major Participating Site
3622100001	Louisiana State University School of Medicine Program	Plastic Surgery - Integrated	Major Participating Site

**[21C954] Jefferson Parish Coroner's Office**

Code	Name	Specialty	Type of Relationship
3002121123	Louisiana State University Program	Pathology-anatomic and clinical	Other Participating Site

**[218038] Lafayette General Medical Center**

Code	Name	Specialty	Type of Relationship
0402131199	Louisiana State University Program	Anesthesiology	Other Participating Site
2202121107	Louisiana State University Program	Obstetrics and gynecology	Other Participating Site
2602121141	Louisiana State University Program	Orthopaedic surgery	Major Participating Site
2802131042	Louisiana State University Program	Otolaryngology	Other Participating Site
4402121114	Louisiana State University Program	Surgery	Major Participating Site

**[219512] Lafon Nursing Facility**

Code	Name	Specialty	Type of Relationship
1512113165	Louisiana State University Program	Geriatric medicine	Major Participating Site

**[218019] Lake Charles Memorial Hospital**

Code	Name	Specialty	Type of Relationship
1202121594	Louisiana State University (Lake Charles) Program	Family medicine	Clinical Site

**[21C104] Lallie Kemp Regional Medical Center**

Code	Name	Specialty	Type of Relationship
1102112021	Louisiana State University Program	Emergency medicine	Other Participating Site

**[210735] Leonard J Chabert Medical Center**

Code	Name	Specialty	Type of Relationship
1202121641	Louisiana State University (Kenner) Program	Family medicine	Other Participating Site
2402121177	Louisiana State University/Ochsner Clinic Foundation Program	Ophthalmology	Major Participating Site
3402121020	Louisiana State University Program	Physical medicine and rehabilitation	Other Participating Site

**[21C961] Louisiana Heart Hospital**

Code	Name	Specialty	Type of Relationship
1522112158	Louisiana State University Program	Interventional cardiology	Major Participating Site
1542114138	Louisiana State University School of Medicine Program	Clinical cardiac electrophysiology	Major Participating Site

**[218015] Louisiana State University Eye Center**

Code	Name	Specialty	Type of Relationship
2402121177	Louisiana State University/Ochsner Clinic Foundation Program	Ophthalmology	Other Participating Site

**[219503] Louisiana State University Health Sciences Center**

Code	Name	Specialty	Type of Relationship
1562121025	Louisiana State University Program	Pulmonary disease and critical care medicine	Other Participating Site
2602121141	Louisiana State University Program	Orthopaedic surgery	Other Participating Site
4052121159	Louisiana State University Program	Child and adolescent psychiatry	Major Participating Site

**[218076] LSU Baptist Multi-Specialty Clinic**

Code	Name	Specialty	Type of Relationship
0202121070	Louisiana State University Program	Allergy and immunology	Major Participating Site
1432112193	Louisiana State University Health Sciences Center Program	Endocrinology, diabetes, and metabolism	Other Participating Site

**[218118] LSU HCN Uptown Behavioral Health**

Code	Name	Specialty	Type of Relationship
4052121159	Louisiana State University Program	Child and adolescent psychiatry	Major Participating Site

**[219535] LSU Healthcare Network - St. Charles Avenue Clinics**

Code	Name	Specialty	Type of Relationship
	No Programs Found		

**[218107] LSU Neuroscience Center of Excellence**

Code	Name	Specialty	Type of Relationship
1602121032	Louisiana State University Program	Neurological surgery	Major Participating Site

**[480172] Methodist Hospital (Houston)**

Code	Name	Specialty	Type of Relationship
1602121032	Louisiana State University Program	Neurological surgery	Other Participating Site

**[219544] NHS Human Services, Inc**

Code	Name	Specialty	Type of Relationship
4002131308	Louisiana State University Program	Psychiatry	Other Participating Site

**[218092] North Oaks Health System**

Code	Name	Specialty	Type of Relationship
1202113695	Louisiana State University (Bogalusa) Program	Family medicine	Other Participating Site

**[218121] Ochsner Baptist Medical Center**

Code	Name	Specialty	Type of Relationship
1432112193	Louisiana State University Health Sciences Center Program	Endocrinology, diabetes, and metabolism	Other Participating Site
1482121164	Louisiana State University Program	Nephrology	Major Participating Site
1562121025	Louisiana State University Program	Pulmonary disease and critical care medicine	Other Participating Site

**[210381] Ochsner Clinic Foundation**

Code	Name	Specialty	Type of Relationship
0802121109	Louisiana State University Program	Dermatology	Other Participating Site
1102112021	Louisiana State University Program	Emergency medicine	Other Participating Site
1442121139	Louisiana State University Program	Gastroenterology	Other Participating Site
1462121051	Louisiana State University Program	Infectious disease	Major Participating Site
1482121164	Louisiana State University Program	Nephrology	Major Participating Site
1552121158	Louisiana State University Program	Hematology and oncology	Major Participating Site
1562121025	Louisiana State University Program	Pulmonary disease and critical care medicine	Major Participating Site
1802121043	Louisiana State University Program	Neurology	Other Participating Site
1852121022	Louisiana State University Program	Child neurology	Other Participating Site
2402121177	Louisiana State University/Ochsner Clinic Foundation Program	Ophthalmology	Other Participating Site
2862128102	Louisiana State University School of Medicine Program	Neurotology	Other Participating Site
3002121123	Louisiana State University Program	Pathology-anatomic and clinical	Other Participating Site
3402121020	Louisiana State University Program	Physical medicine and rehabilitation	Major Participating Site
3602111035	Louisiana State University Program	Plastic surgery	Other Participating Site
3622100001	Louisiana State University School of Medicine Program	Plastic Surgery - Integrated	Major Participating Site
4002121291	Louisiana State University/Ochsner Clinic Foundation Program	Psychiatry	Major Participating Site
4092113043	Louisiana State University Program	Psychosomatic medicine	Major Participating Site
5302134013	Louisiana State University Program	Pain medicine (multidisciplinary)	Major Participating Site

**[218116] Ochsner Extended Care Hospital of Kenner - LHC Group**

Code	Name	Specialty	Type of Relationship
1462121051	Louisiana State University Program	Infectious disease	Other Participating Site

**[21A186] Ochsner Health Center - Baton Rouge (Summa Ave.)**

Code	Name	Specialty	Type of Relationship
1402121507	Louisiana State University (Baton Rouge) Program	Internal medicine	Other Participating Site

**[218030] Ochsner Medical Center-Kenner**

Code	Name	Specialty	Type of Relationship
0202121070	Louisiana State University Program	Allergy and immunology	Other Participating Site
0402131199	Louisiana State University Program	Anesthesiology	Major Participating Site
1202121641	Louisiana State University (Kenner) Program	Family medicine	Clinical Site
1402121143	Louisiana State University Program	Internal medicine	Major Participating Site

1412121246	Louisiana State University Program	Cardiovascular disease	Other Participating Site
1432112193	Louisiana State University Health Sciences Center Program	Endocrinology, diabetes, and metabolism	Other Participating Site
1442121139	Louisiana State University Program	Gastroenterology	Major Participating Site
1462121051	Louisiana State University Program	Infectious disease	Other Participating Site
1482121164	Louisiana State University Program	Nephrology	Major Participating Site
1502113157	Louisiana State University Program	Rheumatology	Major Participating Site
1562121025	Louisiana State University Program	Pulmonary disease and critical care medicine	Other Participating Site
1802121043	Louisiana State University Program	Neurology	Other Participating Site
1852121022	Louisiana State University Program	Child neurology	Other Participating Site
2602121141	Louisiana State University Program	Orthopaedic surgery	Major Participating Site
4402121114	Louisiana State University Program	Surgery	Other Participating Site
7002114022	Louisiana State University Program	Internal medicine/Pediatrics	Other Participating Site

**[218083] Odyssey House Louisiana**

Code	Name	Specialty	Type of Relationship
4002121291	Louisiana State University/Ochsner Clinic Foundation Program	Psychiatry	Other Participating Site

**[21A214] Orleans Parish Health Department**

Code	Name	Specialty	Type of Relationship
1462121051	Louisiana State University Program	Infectious disease	Other Participating Site

**[999999] Other Institution**

Code	Name	Specialty	Type of Relationship
1202113695	Louisiana State University (Bogalusa) Program	Family medicine	Other Participating Site
1202113695	Louisiana State University (Bogalusa) Program	Family medicine	Other Participating Site
1202113695	Louisiana State University (Bogalusa) Program	Family medicine	Other Participating Site
1202113695	Louisiana State University (Bogalusa) Program	Family medicine	Other Participating Site
2602121141	Louisiana State University Program	Orthopaedic surgery	Other Participating Site
2602121141	Louisiana State University Program	Orthopaedic surgery	Other Participating Site
2602121141	Louisiana State University Program	Orthopaedic surgery	Other Participating Site
2602121141	Louisiana State University Program	Orthopaedic surgery	Other Participating Site

**[210714] Our Lady of the Angels**

Code	Name	Specialty	Type of Relationship
1202113695	Louisiana State University (Bogalusa) Program	Family medicine	Clinical Site
2402121177	Louisiana State University/Ochsner Clinic Foundation Program	Ophthalmology	Other Participating Site

**[218059] Our Lady of the Lake Regional Medical Center**

Code	Name	Specialty	Type of Relationship
0402131199	Louisiana State University Program	Anesthesiology	Other Participating Site
0802121109	Louisiana State University Program	Dermatology	Major Participating Site
1102112021	Louisiana State University Program	Emergency medicine	Other Participating Site
1102121117	Louisiana State University (Baton Rouge) Program	Emergency medicine	Major Participating Site
1202113695	Louisiana State University (Bogalusa) Program	Family medicine	Other Participating Site
1402121507	Louisiana State University (Baton Rouge) Program	Internal medicine	Major Participating Site
2202113364	Louisiana State University (Baton Rouge) Program	Obstetrics and gynecology	Other Participating Site
2402121177	Louisiana State University/Ochsner Clinic Foundation Program	Ophthalmology	Other Participating Site
2602121141	Louisiana State University Program	Orthopaedic surgery	Major Participating Site
2802131042	Louisiana State University Program	Otolaryngology	Major Participating Site
2862128102	Louisiana State University School of Medicine Program	Neurotology	Major Participating Site
3602111035	Louisiana State University Program	Plastic surgery	Other Participating Site
3622100001	Louisiana State University School of Medicine Program	Plastic Surgery - Integrated	Other Participating Site
4002131308	Louisiana State University Program	Psychiatry	Major Participating Site
4402121114	Louisiana State University Program	Surgery	Major Participating Site
4502121058	Louisiana State University Program	Vascular surgery	Major Participating Site
4512100117	Louisiana State University School of Medicine Program	Vascular surgery - integrated	Major Participating Site

**[218032] Parish of Orleans Coroner's Office**

Code	Name	Specialty	Type of Relationship
	No Programs Found		

**[219518] River Oaks Hospital**

Code	Name	Specialty	Type of Relationship
	No Programs Found		

**[219514] Seaside Behavioral Hospital**

Code	Name	Specialty	Type of Relationship
1512113165	Louisiana State University Program	Geriatric medicine	Major Participating Site

**[218042] Slidell Memorial Hospital**

Code	Name	Specialty	Type of Relationship
1102112021	Louisiana State University Program	Emergency medicine	Other Participating Site
1202113695	Louisiana State University (Bogalusa) Program	Family medicine	Other Participating Site

**[219523] Southeast Louisiana Veterans Health Care System**

Code	Name	Specialty	Type of Relationship
0402131199	Louisiana State University Program	Anesthesiology	Other Participating Site
0802121109	Louisiana State University Program	Dermatology	Major Participating Site
1102112021	Louisiana State University Program	Emergency medicine	Other Participating Site
1502113157	Louisiana State University Program	Rheumatology	Major Participating Site
1802121043	Louisiana State University Program	Neurology	Other Participating Site
2402121177	Louisiana State University/Ochsner Clinic Foundation Program	Ophthalmology	Other Participating Site
3002121123	Louisiana State University Program	Pathology-anatomic and clinical	Other Participating Site
3402121020	Louisiana State University Program	Physical medicine and rehabilitation	Major Participating Site
3622100001	Louisiana State University School of Medicine Program	Plastic Surgery - Integrated	Other Participating Site
4202131259	Louisiana State University Program	Radiology-diagnostic	Other Participating Site
4402121114	Louisiana State University Program	Surgery	Other Participating Site
5302134013	Louisiana State University Program	Pain medicine (multidisciplinary)	Major Participating Site

**[210193] Touro Infirmary**

Code	Name	Specialty	Type of Relationship
1102112021	Louisiana State University Program	Emergency medicine	Other Participating Site
1402121143	Louisiana State University Program	Internal medicine	Major Participating Site
1412121246	Louisiana State University Program	Cardiovascular disease	Major Participating Site
1442121139	Louisiana State University Program	Gastroenterology	Major Participating Site
1512113165	Louisiana State University Program	Geriatric medicine	Other Participating Site
1542114138	Louisiana State University School of Medicine Program	Clinical cardiac electrophysiology	Other Participating Site
1802121043	Louisiana State University Program	Neurology	Major Participating Site
1852121022	Louisiana State University Program	Child neurology	Other Participating Site
2202121107	Louisiana State University Program	Obstetrics and gynecology	Major Participating Site
2212122001	Louisiana State University School of Medicine Program	Female pelvic medicine and reconstructive surgery	Major Participating Site
3202121090	Louisiana State University Program	Pediatrics	Other Participating Site
3292121106	Louisiana State University Program	Neonatal-perinatal medicine	Major Participating Site
3402121020	Louisiana State University Program	Physical medicine and rehabilitation	Major Participating Site
3602111035	Louisiana State University Program	Plastic surgery	Other Participating Site
3622100001	Louisiana State University School of Medicine Program	Plastic Surgery - Integrated	Major Participating Site
4512100117	Louisiana State University School of Medicine Program	Vascular surgery - integrated	Other Participating Site

5302134013	Louisiana State University Program	Pain medicine (multidisciplinary)	Major Participating Site
7002114022	Louisiana State University Program	Internal medicine/Pediatrics	Major Participating Site

**[210485] Tulane University Hospital and Clinics**

Code	Name	Specialty	Type of Relationship
1462121051	Louisiana State University Program	Infectious disease	Other Participating Site
3622100001	Louisiana State University School of Medicine Program	Plastic Surgery - Integrated	Other Participating Site
4402121114	Louisiana State University Program	Surgery	Other Participating Site

**[210380] University Hospitals and Clinics**

Code	Name	Specialty	Type of Relationship
1412121246	Louisiana State University Program	Cardiovascular disease	Other Participating Site
2202121107	Louisiana State University Program	Obstetrics and gynecology	Other Participating Site
2212122001	Louisiana State University School of Medicine Program	Female pelvic medicine and reconstructive surgery	Other Participating Site
2402121177	Louisiana State University/Ochsner Clinic Foundation Program	Ophthalmology	Major Participating Site
2802131042	Louisiana State University Program	Otolaryngology	Major Participating Site
4402121114	Louisiana State University Program	Surgery	Major Participating Site

**[210727] University Medical Center New Orleans**

Code	Name	Specialty	Type of Relationship
0202121070	Louisiana State University Program	Allergy and immunology	Major Participating Site
0402131199	Louisiana State University Program	Anesthesiology	Major Participating Site
0802121109	Louisiana State University Program	Dermatology	Major Participating Site
1102112021	Louisiana State University Program	Emergency medicine	Major Participating Site
1192113004	Louisiana State University Program	Undersea and hyperbaric medicine	Major Participating Site
1202121641	Louisiana State University (Kenner) Program	Family medicine	Other Participating Site
1402121143	Louisiana State University Program	Internal medicine	Major Participating Site
1412121246	Louisiana State University Program	Cardiovascular disease	Major Participating Site
1432112193	Louisiana State University Health Sciences Center Program	Endocrinology, diabetes, and metabolism	Major Participating Site
1442121139	Louisiana State University Program	Gastroenterology	Major Participating Site
1462121051	Louisiana State University Program	Infectious disease	Major Participating Site
1482121164	Louisiana State University Program	Nephrology	Major Participating Site
1502113157	Louisiana State University Program	Rheumatology	Major Participating Site
1512113165	Louisiana State University Program	Geriatric medicine	Major Participating Site



1522112158	Louisiana State University Program	Interventional cardiology	Major Participating Site
1542114138	Louisiana State University School of Medicine Program	Clinical cardiac electrophysiology	Major Participating Site
1552121158	Louisiana State University Program	Hematology and oncology	Major Participating Site
1562121025	Louisiana State University Program	Pulmonary disease and critical care medicine	Major Participating Site
1602121032	Louisiana State University Program	Neurological surgery	Major Participating Site
1802121043	Louisiana State University Program	Neurology	Major Participating Site
1852121022	Louisiana State University Program	Child neurology	Major Participating Site
1872121078	Louisiana State University Program	Clinical neurophysiology	Major Participating Site
2202121107	Louisiana State University Program	Obstetrics and gynecology	Major Participating Site
2212122001	Louisiana State University School of Medicine Program	Female pelvic medicine and reconstructive surgery	Major Participating Site
2402121177	Louisiana State University/Ochsner Clinic Foundation Program	Ophthalmology	Major Participating Site
2602121141	Louisiana State University Program	Orthopaedic surgery	Major Participating Site
2802131042	Louisiana State University Program	Otolaryngology	Major Participating Site
2862128102	Louisiana State University School of Medicine Program	Neurotology	Other Participating Site
3002121123	Louisiana State University Program	Pathology-anatomic and clinical	Major Participating Site
3402121020	Louisiana State University Program	Physical medicine and rehabilitation	Major Participating Site
3602111035	Louisiana State University Program	Plastic surgery	Major Participating Site
3622100001	Louisiana State University School of Medicine Program	Plastic Surgery - Integrated	Major Participating Site
4002121291	Louisiana State University/Ochsner Clinic Foundation Program	Psychiatry	Major Participating Site
4092113043	Louisiana State University Program	Psychosomatic medicine	Major Participating Site
4202131259	Louisiana State University Program	Radiology-diagnostic	Major Participating Site
4402121114	Louisiana State University Program	Surgery	Major Participating Site
4422113090	Louisiana State University Program	Surgical critical care	Major Participating Site
4512100117	Louisiana State University School of Medicine Program	Vascular surgery - integrated	Major Participating Site
5302134013	Louisiana State University Program	Pain medicine (multidisciplinary)	Major Participating Site
7002114022	Louisiana State University Program	Internal medicine/Pediatrics	Major Participating Site

**[21A989] Veterans Administration Outpatient Clinic**

Code	Name	Specialty	Type of Relationship
1402121507	Louisiana State University (Baton Rouge) Program	Internal medicine	Other Participating Site
4002131308	Louisiana State University Program	Psychiatry	Major Participating Site

**[218040] West Jefferson Medical Center**

<b>Code</b>	<b>Name</b>	<b>Specialty</b>	<b>Type of Relationship</b>
1102112021	Louisiana State University Program	Emergency medicine	Other Participating Site
1192113004	Louisiana State University Program	Undersea and hyperbaric medicine	Major Participating Site
1442121139	Louisiana State University Program	Gastroenterology	Other Participating Site
1602121032	Louisiana State University Program	Neurological surgery	Major Participating Site
2602121141	Louisiana State University Program	Orthopaedic surgery	Other Participating Site
2862128102	Louisiana State University School of Medicine Program	Neurotology	Other Participating Site
3002121123	Louisiana State University Program	Pathology-anatomic and clinical	Major Participating Site
3602111035	Louisiana State University Program	Plastic surgery	Other Participating Site
3622100001	Louisiana State University School of Medicine Program	Plastic Surgery - Integrated	Other Participating Site
4202131259	Louisiana State University Program	Radiology-diagnostic	Other Participating Site
4402121114	Louisiana State University Program	Surgery	Other Participating Site
4502121058	Louisiana State University Program	Vascular surgery	Major Participating Site
4512100117	Louisiana State University School of Medicine Program	Vascular surgery - integrated	Major Participating Site

**[218062] Woman's Hospital**

<b>Code</b>	<b>Name</b>	<b>Specialty</b>	<b>Type of Relationship</b>
1102121117	Louisiana State University (Baton Rouge) Program	Emergency medicine	Other Participating Site
2202113364	Louisiana State University (Baton Rouge) Program	Obstetrics and gynecology	Major Participating Site
4002131308	Louisiana State University Program	Psychiatry	Other Participating Site

**[219524] Women and Children's Hospital**

<b>Code</b>	<b>Name</b>	<b>Specialty</b>	<b>Type of Relationship</b>
2212122001	Louisiana State University School of Medicine Program	Female pelvic medicine and reconstructive surgery	Other Participating Site

# SUMMARY of BENEFITS

## Louisiana State University Health Sciences Center Summary of Benefits Long Term Disability Insurance



<b>Effective Date</b>	December 1, 2018	
<b>Eligibility</b>	All active full time employees who have coverage through the Office of Graduate Medical Education working at least 40 hours per week	
<b>Non-Contributory LTD Benefit</b>	60% of your Monthly Earnings to a maximum of \$5,000 per month.  Minimum Benefit: Greater of \$100 or 10% of gross monthly benefit  Guaranteed Issue Benefit: \$5,000  Earnings are defined in the UnitedHealthcare contract with your employer.	
<b>Elimination Period</b>	90 days of Disability	
<b>Definition of Disability</b>	Residual	
<b>Own Occupation Period</b>	24 months (2 year) own occupation	
<b>Earnings Test</b>	80% Own Occupation / 60% Any Occupation	
<b>Requires Loss of Earnings/Duties</b>	Loss of Earnings and Duties Disability is defined in the UnitedHealthcare contract with your employer.	
<b>Maximum Benefit Duration</b>	Reducing Benefit Duration w/SSNRA	
	<i>Age at Disability</i>	<i>Maximum Benefit Period</i>
		<i>Greater of: SSNRA* or</i>
	Less than age 60	To age 65
	Age 60	60 Months
	Age 61	48 Months
	Age 62	42 Months
	Age 63	36 Months
	Age 64	30 Months
	Age 65	24 Months
	Age 66	21 Months
	Age 67	18 Months
	Age 68	15 Months
	69 and over	12 Months
	*SSNRA means the Social Security Normal Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.	
<b>Survivor Income Benefit</b>	3 months Gross	
<b>Work Incentive Benefit</b>	12 months	
<b>Portability</b>	Included	
<b>Mental and Nervous Limitation</b>	24 months lifetime when combined with Substance Abuse	
<b>Substance Abuse Limitation</b>	24 months lifetime when combined with Mental & Nervous	
<b>Subjective Symptoms Limitation</b>	No Limit	
<b>Pre-existing Conditions Exclusion</b>	12 month look back; 12 month after effective date	
<b>Offsets</b>	In addition, as described below within the Important Details, your monthly Long-Term Disability benefit may be reduced by other income you receive.	
<b>Other limitations to enrollment</b>	You must be Actively at Work with your employer on the day your coverage takes effect.	

## Important Details:

This Summary of Benefits sheet is an overview of the Long Term Disability Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

### Limitations and Exclusions:

You cannot receive Long Term Disability Insurance benefit payments for disabilities that are caused or contributed to by\*:

- War or act of war (declared or not)
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability

You must be under the regular care of a physician to receive benefits.\*

Your benefit payments **will be reduced** by other income you receive or are eligible to receive due to your disability, including but not limited to\*:

- Social Security Disability Insurance (please see next section for exceptions)
- Workers' Compensation
- Other employer-based insurance coverage you may have
- Unemployment benefits
- Settlements or judgments for income loss
- Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- Loss of time or lost wages from a no-fault motor vehicle insurance plan.
- Benefits from Employer's sick leave or salary continuation plan.

Your benefit payments **will not be reduced** by certain kinds of other income, such as\*:

- Retirement benefits if you were already receiving them before you became disabled
- Retirement benefits that are funded by your after-tax contributions
- Your personal savings, investments, IRAs or Keoghs
- Profit-sharing
- Most personal disability policies
- Social Security increases

*\*Some State variations may apply.*

### Member Assistance Program:

The Member Assistance Program, which accompanies your Long Term Disability benefit, comes at no additional cost to the employee. It includes personal and confidential assistance for employees and their families.

- Toll-free Member Assistance line
- 24/7 access to liveandworkwell.com.
- Referral for face-to-face counseling
- Legal and Financial services information and referrals\*\*

*\*\*May not be available in all states.*

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company, and certain products in California by Unimerica Life Insurance Company. Texas Coverage is provided on Form LASD-POL-TX (05/03), Form UHCLD-POL 2/2008-TX, or UICLD-POL-TX 4/5.

UnitedHealthcare Insurance Company is located in Hartford, CT; Unimerica Insurance Company and Unimerica Life Insurance Company in Milwaukee, WI.



UnitedHealthcare®

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**GROUP LONG TERM DISABILITY  
CERTIFICATE OF COVERAGE**

**FOR**

**LOUISIANA STATE UNIVERSITY  
HEALTH SCIENCES CENTER**

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**POLICY NUMBER: 304502**

**CERTIFICATE EFFECTIVE DATE: January 1, 2018**

**UnitedHealthcare Insurance Company**  
**185 Asylum Street**  
**Hartford, Connecticut**  
**(Home Office)**

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**Policyholder:** Louisiana State University Health Sciences Center

**Effective Date:** December 1, 2015

**Policy Number:** 304502

**Beneficiary:** As on file with the Administrator

We, UnitedHealthcare Insurance Company, issue this Certificate to the Covered Person as evidence of insurance under the Policy We issued to the Policyholder shown above. This Certificate describes the benefits and other important provisions of the Policy. Please read it carefully.

The Policy may be amended, changed, cancelled or discontinued without the consent of the Covered Person or the Covered Person's beneficiary.

The benefits described in this Certificate insure the Covered Person. This Certificate becomes effective at 12:01 A.M. Eastern Standard time on the Effective Date shown above.

**Read the Group Certificate Carefully**

This is a legal contract between the Policyholder and Us. If the Policyholder has any questions or problems with the Policy, We will be ready to help the Policyholder. The Policyholder may call upon his agent or Our Home Office for assistance at any time.

If the Policyholder or the Covered Person have questions, need information about their insurance, or need assistance in resolving complaints, call 1-866-615-8727.

It is signed at the Home Office of UnitedHealthcare Insurance Company as of the Effective Date shown above.



Secretary

**Group Working Returns**  
**Long Term Disability Insurance Policy**  
**Non-Participating**



President

Administrative Office:  
9900 Bren Road East  
Minnetonka, MN 55343

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## SCHEDULE OF BENEFITS

### Class of Employees

This schedule covers the following class(es) of Employees of companies and affiliates controlled by the Policyholder:

All active full-time Employees who have coverage through the Office of Graduate Medical Education, residing in the United States, excluding temporary and seasonal employees

### Description of Class:

Employees are considered full-time if they customarily work: 40 hours per week

### Employee Waiting Period:

An Employee is eligible for insurance on the date he begins continuous employment with the Policyholder

**Cost of Insurance:** The Covered Person is not required to contribute to the cost of his insurance.

### Covered Person Insurance:

#### Long Term Disability Benefit:

**Benefit Percent:** 60% of the Covered Person's Pre-Disability Monthly Earnings. The Covered Person's benefit may be reduced by Other Income Benefits and Disability Earnings. Some Disabilities may not be insured under the Policy.

#### Pre-Disability Monthly Earnings Definition:

The average monthly earnings received from the Covered Person's Employer for the 12-month period ending just prior to the date of Disability. Pre-Disability Monthly Earnings includes commissions, averaged over the lesser of the most recent 24-month period or the Covered Person's period of employment. It does not include bonuses, overtime pay, and other extra compensation.

**Maximum Monthly Benefit:** \$5,000

**Minimum Monthly Benefit:** Greater of \$100 or 10% of Gross Disability Payment.

**Elimination Period:** 90 days - Benefits begin the day after completion of the Elimination Period.

**Accumulation of Elimination Period:** 15 days

#### Maximum Benefit Period:

Reducing Benefit Duration reflecting Social Security Normal Retirement Age

Age at Disability	Maximum Benefit Period
	Greater of SSNRA * or
Less than age 60	To age 65
Age 60	60 Months
Age 61	48 Months
Age 62	42 Months
Age 63	36 Months
Age 64	30 Months
Age 65	24 Months
Age 66	21 Months
Age 67	18 Months
Age 68	15 Months
69 and over	12 Months

\*SSNRA means the Social Security Normal Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

Premium contributions are waived while the Covered Person is receiving Long Term Disability payments.



## GENERAL DEFINITIONS

The male pronoun, whenever used in the Policy, includes the female.

**Active Work or Actively at Work:** The Covered Person reports for work at his usual place of employment or any other business location where he is required to travel and is able to perform the material and substantial duties of his regular occupation for the entire normal workday. The Covered Person must be working at least the minimum number of hours per week in an Eligible Class, as shown in the Schedule of Benefits.

Unless Disabled on the prior workday or on the day of absence, a Covered Person will be considered Actively at Work on the following days:

1. a Saturday, Sunday or holiday which is not a scheduled workday;
2. a paid vacation day, or other scheduled or unscheduled non-workday; or
3. an excused or emergency leave of absence (except medical leave).

**Contributory or Non-Contributory Insurance:** Contributory Insurance is insurance for which the Covered Person must apply and agree to make the required premium contributions. Non-Contributory Insurance is insurance for which the Covered Person does not have to make any premium contributions.

**Covered Person:** The Employee insured under the Policy. References to "Covered Person," "Covered Persons" and "Covered Person's" throughout this Certificate are references to a Covered Person.

**Employee:** A person who is:

1. directly employed in the normal business of the Policyholder; and
2. paid for services by the Policyholder; and
3. Actively at Work for the Policyholder, or any subsidiary or affiliate insured under the Policy.

No director or officer of an Policyholder will be considered an Employee unless he meets the above conditions.

**Employer:** The Policyholder and includes any division, subsidiary, or affiliated company named in the Policy. Employer does not include Employers of other related areas of practice for which the Covered Person may also work.

**Hospital or Medical Facility:** A legally operated, accredited facility licensed to provide full-time care and Treatment for the condition for which benefits are payable under the Policy. It is operated by a full-time staff of licensed physicians and registered nurses. It does not include facilities that primarily provide custodial, education or rehabilitative care, or long-term institutional care on a residential basis.

**Injury:** A bodily Injury resulting directly from an accident and independently of all other causes.

**Physician:** A practitioner of the healing arts who is:

1. duly licensed in the state in which the Treatment is received; and
2. practicing within the scope of that license.

The term Physician does not include the Covered Person, the Covered Person's Spouse, children, parents, parents-in-law, or siblings.

## **GENERAL DEFINITIONS (continued)**

**Regular Care:** The Covered Person personally visits a Physician as often as is medically required to effectively manage and treat his disabling condition(s), according to generally accepted medical standards. The Covered Person is receiving appropriate Treatment and care, according to generally accepted medical standards, by a Physician whose specialty or experience is appropriate for the disabling condition(s).

**Sickness:** An illness, disease, pregnancy or complication of pregnancy.

**Treatment:** consultation, advice, tests, attendance or observation, supplies or equipment, including the prescription or use of prescription drugs or medicines.

**We, Our and Us:** UnitedHealthcare Insurance Company.

## CERTIFICATE GENERAL PROVISIONS

**Conformity With State or Federal Statutes:** If any provision of the Certificate conflicts with any applicable law, the provision will be deemed to conform to the minimum requirements of the law.

**Discretionary Authority:** When making a benefit determination under the Policy, We have the sole discretionary authority to determine the Covered Person's or Dependent's eligibility, if applicable, for benefits and to interpret the terms, conditions, limitations, and exclusions, and all other provisions of the Policy including the Certificate of Coverage and any riders or amendments. We may delegate this discretionary authority to other entities or persons who provide services in regard to the administration of the Policy. This provision does not prevent the bringing of a legal action under the time limit for Legal Action provision, nor does it serve to deprive any insurance department of its statutory rights and obligations.

**Fraud:** We will focus on all means necessary to support fraud detection, investigation, and prosecution. It may be a crime if the Covered Person or the Employer knowingly, and with intent to injure, defraud or deceive Us, files a claim containing any false, incomplete, or misleading information. These actions, as well as submission of false information, will result in denial of the Covered Person's claim, and are subject to prosecution and punishment to the full extent under state and/or federal law. We will pursue all appropriate legal remedies in the event of insurance fraud.

**Incontestability:** We may not contest the validity of the Policy, except for the non-payment of premiums, after it has been in force for two years from its date of issue. No statement made by any Covered Person relating to his insurability shall be used in contesting the validity of the insurance with respect to which such statement was made after such insurance has been in force prior to the contest for a period of two years during such person's lifetime, nor unless it is contained in a written instrument signed by him and a copy of the instrument containing the statement is or has been furnished to such person or to his beneficiary. For Disability Insurance, this clause will not affect Our right to contest the validity of the Policy for fraudulent misrepresentations..

**Information To Be Furnished:** The Policyholder may be required to furnish any information needed to administer the Policy. Clerical error by the Policyholder will not:

1. affect the amount of insurance which would otherwise be in effect; or
2. continue insurance which otherwise would be terminated; or
3. result in the payment of benefits not otherwise payable.

Once an error is discovered, an equitable adjustment in premium will be made. If the premium adjustment involves the return of unearned premium, the amount of the return will be limited to the 12-month period, which precedes the date We receive proof such an adjustment should be made. We may inspect any of the Policyholder's records which relate to the Policy.

**Misstatement of Age:** If a Covered Person's age has been misstated, premiums will be subject to an equitable adjustment. If the amount of the benefit depends upon age, then the benefit will be that which would have been payable, based upon the person's correct age.

**Workers' Compensation:** The Policy is not to be construed to provide benefits required by Workers' Compensation laws.

## COVERED PERSON ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS

**Covered Person's Eligibility:** Employees who work on a full-time basis for a Policyholder are eligible for insurance after completion of the required Employee Waiting Period, provided they are in a class of Employees who are included. Employees will be considered to work on a full-time basis if they customarily work at least the number of hours per week shown in the Schedule of Benefits.

An Employee will become eligible for insurance on the latest of the following dates:

1. the Effective Date of the Policy;
2. the end of the Employee Waiting Period shown in the Schedule of Benefits;
3. the date the Policy is changed to include the Employee's class; or
4. the date the Employee enters a class eligible for insurance.

**Effective Date of Covered Person Insurance:** If an Employee is not Actively at Work on the date his insurance is scheduled to take effect, it will take effect on the day after the date he returns to Active Work. If the Employee's insurance is scheduled to take effect on a non-working day, his Active Work status will be based on the last working day before the scheduled Effective Date of his insurance.

An Employee must use forms provided by Us when applying for insurance.

The Employee's insurance will be effective at 12:01 A.M. Eastern Standard time as follows:

1. if it is Non-contributory, on the date the Employee becomes eligible for insurance, regardless of when he applies, or
2. if it is Contributory, and the Employee makes application within 31 days after the date he first became eligible, on the later of:
  - a. the date the Employee is eligible for insurance, regardless of when he applies; or
  - b. the date the Employee's application is approved by Us if evidence of insurability is required.

**Family and Medical Leave of Absence:** If the Covered Person is on a Family or Medical Leave of Absence, his insurance will be governed by his Employer's policy on Family and Medical Leaves of Absence.

We will continue the Covered Person's insurance if the cost of his insurance continues to be paid and his Leave of Absence is approved in advance and in writing by his Employer.

The Covered Person's insurance will continue for up to the greater of:

1. the leave period required by the Federal Family and Medical Leave Act of 1993; or
2. the leave period required by applicable state law.

While the Covered Person is on a Family or Medical Leave of Absence, We will use earnings from his Employer just prior to the date his Leave of Absence started to determine Our payments to him.

If the Covered Person's insurance does not continue during a Family or Medical Leave of Absence, then when he returns to Active Work:

1. he will not have to meet a new Employee Waiting Period including a Waiting Period for insurance of a Pre-Existing Condition, if applicable; and
2. he will not have to give Us evidence of insurability to reinstate the insurance he had in effect before his Leave of Absence began.

However, time spent on a Leave of Absence, without insurance, does not count toward satisfying his Employee Waiting Period.

**COVERED PERSON ELIGIBILITY, EFFECTIVE DATE AND TERMINATION  
PROVISIONS (continued)**

**Termination of Covered Person Insurance:** The Covered Person's insurance will terminate at 12:00 midnight Eastern Standard time on the earliest of the following dates:

1. the last day of the period for which a premium payment is made, if the next payment is not made;
2. the last day of the month during which he ceases to be a member of a class eligible for insurance;
3. the date the Policy terminates, or a specific benefit terminates; or
4. the last day of the month during which he ceases to be Actively at Work, unless active work ceases due to a temporary layoff or approved leave of absence. In such case, insurance will not continue beyond the end of the month following the month in which the layoff or leave began. For a leave of absence governed by federal or any applicable state Family and Medical Leave of Absence law, insurance will be continued in accordance with the Family and Medical Leave of Absence provision.
5. the date he is no longer Actively at Work due to a labor dispute, including but not limited to a strike, work slow down or lock out.

## **WORKING RETURNS LONG TERM DISABILITY INSURANCE FOR COVERED PERSON**

### **Definition of Disabled or Disability:**

The Covered Person is Disabled or has a Disability when We determine that:

1. he is not Actively at Work and is unable to perform some or all of the Material and Substantial Duties of his Regular Occupation due to his Sickness or Injury; and
2. he has a 20% or more loss in Indexed Pre-Disability Monthly Earnings due solely to the same Sickness or Injury; and
3. he is under the Regular Care of a Physician.

After 24 months of payments, the Covered Person is Disabled when We determine that due to the same Sickness or Injury, he is unable to perform some or all of the material and substantial duties of any Gainful Occupation for which he is reasonably fitted by education, training or experience and he continues to suffer a 40% or more loss in his Indexed Pre-Disability Monthly Earnings due solely to the Sickness or Injury.

Disability must begin while the Covered Person is insured under the Policy.

### **Material and Substantial Duties:** duties that

1. are normally required for the performance of the Covered Person's Regular Occupation; and
2. cannot be reasonably omitted or modified.

**Regular Occupation means:** the occupation which the Covered Person is routinely performing when his Disability occurs. We will look at the Covered Person's occupation as it is normally performed in the national economy instead of how the work tasks are performed for a specific Employer or at a specific location.

**Gainful Occupation means:** an occupation that can be expected to provide the Covered Person with an income at least equal to his Gross Disability Payment within 12 months of his return to work, considering:

1. his past training, as well as training he could receive;
2. his education and experience; and
3. his physical and mental capacity.

Gainful Occupation will be determined with the assistance of a licensed vocational or rehabilitation specialist.

The loss of a professional or occupational license or certification does not, in itself, mean the Covered Person is Disabled. Additionally, economic factors, such as recession, job obsolescence, pay-cuts and job sharing will not be considered in determining whether the Covered Person meets the definition of Disability/Disabled.

We require the Covered Person to be under the Regular Care of a Physician for the Sickness or Injury causing his disability in order to be eligible to receive payments from Us.

We may require the Covered Person to be examined by Physicians, other medical practitioners or vocational experts of Our choice. We will pay for these examinations. We can require examinations as often as it is reasonable to do so. We may also require the Covered Person to be interviewed by an authorized representative of Ours. Refusal to be examined or interviewed may result in denial or termination of his claim.

## **WORKING RETURNS LONG TERM DISABILITY INSURANCE FOR COVERED PERSON (continued)**

**Transplant Benefit:** If, while insured under the Policy, the Covered Person donates an organ for an Organ Transplant Procedure, and as a result he becomes Disabled, We will consider him to be Disabled as a result of Sickness and his Elimination Period will be waived. Disability resulting from an Organ Transplant Procedure will have a limited pay period of 12 months. This benefit will be payable only once in the Covered Person's lifetime. Benefit payments will be subject to all of the provisions contained in the Policy, except for those that are in conflict with the provisions of this Transplant Benefit.

**Organ Transplant Procedure means:** the Covered Person donates any of the following for transplantation into another person: kidney, liver, lung, skin or bone marrow.

### **Calculating the Monthly Payment:**

The Benefit Percent and Maximum Monthly Benefit are shown in the Schedule of Benefits.

Calculate the Covered Person's Monthly Payment as follows:

1. Multiply the Covered Person's Pre-Disability Monthly Earnings by the Benefit Percent.
2. Compare the result in Step 1 with the Maximum Monthly Benefit.
3. The lesser of these two amounts is the Covered Person's monthly Gross Disability Payment.
4. Subtract from his monthly Gross Disability Payment all Other Income Benefit amounts that he receives or is eligible to receive. The result is the Covered Person's Monthly Payment.

In no event will the Covered Person's Monthly Payment exceed the Maximum Monthly Benefit.

If the Covered Person is Disabled and working, earning between 20% and 80% of his Indexed Pre-Disability Monthly Earnings calculate his benefit payment as follows:

Calculate the Covered Person's Gross Disability Payment as follows:

1. Multiply his Pre-Disability Monthly Earnings by the Benefit Percent.
2. Compare the result in Step 1 with the Maximum Monthly Benefit.
3. The lesser of these two amounts is the Covered Person's Gross Disability Payment, which is used in the benefit calculation below.

When the Covered Person first returns to work during a period of disability, the Work Incentive Benefit establishes that, for 12 months, his Monthly Payment, as determined above, will not be reduced as long as Payment does not exceed 100% of his Indexed Pre-Disability Monthly Earnings.

During the period of time that the Work Incentive Benefit applies:

1. Add the Covered Person's monthly Disability Earnings to his Gross Disability Payment, as calculated above.
2. Compare the result in Step 1 to his Indexed Pre-Disability Monthly Earnings.
3. If the result from Step 2 is less than or equal to 100% of the Covered Person's Indexed Pre-Disability Monthly Earnings, We will not further reduce his Monthly Payment, as calculated above.
4. If the result in Step 2 is greater than 100% of the Covered Person's Indexed Pre-Disability Monthly Earnings, We will subtract the amount over 100% from his Monthly Payment, as calculated above.

The result is the amount We will pay the Covered Person each month.

## **WORKING RETURNS LONG TERM DISABILITY INSURANCE FOR COVERED PERSON (continued)**

After the period of time that the Work Incentive Benefit applies:

1. Subtract the Covered Person's Disability Earnings from his Indexed Pre-Disability Monthly Earnings.
2. Divide the result in Step 1 by his Indexed Pre-Disability Monthly Earnings. This is his percentage of lost earnings.
3. Multiply the Covered Person's Monthly Payment, as calculated above, by the answer in Step 2.

The result is the amount We will pay the Covered Person each month.

After the Elimination Period, if the Covered Person is Disabled for only part of a month, We will send him 1/30<sup>th</sup> of his payment for each day of Disability.

**Gross Disability Payment means:** the payment amount before We subtract Other Income Benefits and Disability Earnings.

**Monthly Payment means:** the payment amount after We subtract any Other Income Benefits.

**Elimination Period means:** the length of time the Covered Person must be continuously Disabled before a benefit is payable. The Elimination Period begins on the first day of Disability. If the Covered Person returns to work for a period of time not to exceed the Accumulation of Elimination Period and cannot continue, he will not have to begin a new Elimination Period. However, We will count only those days he is Disabled toward satisfying the Elimination Period. The Elimination Period and the Accumulation of Elimination Period are shown in the Schedule of Benefits.

**Disability Earnings mean:** the earnings, which the Covered Person receives while Disabled, and working.

**Indexed Pre-Disability Monthly Earnings:** The Covered Person's Pre-Disability Monthly Earnings adjusted on each anniversary of benefit payments by the lesser of 5% or the current annual percentage increase in the Consumer Price Index (CPI-W). The Covered Person's Indexed Pre-Disability Monthly Earnings may increase or remain the same, but will never decrease. This manner of indexing is only used to determine the Covered Person's percentage of lost earnings while he is Disabled and working and in the determination of Gainful Occupation. Consumer Price Index (CPI-W) means: the index for Urban Wage Earners and Clerical Workers published by the U.S. Department of Labor. We reserve the right to use some other similar measurement if the Department of Labor changes or stops publishing the CPI-W.

**Receipt of Disability Payments:** The Covered Person will begin to receive payments when We approve his claim, provided the Elimination Period has been met and he is Disabled. We will send him a payment each month for any period for which We are liable. If he is Disabled and working, proof of Disability Earnings will be required before benefits are paid.

**Disability During a Covered Layoff or Leave of Absence:** If the Covered Person becomes Disabled while he is on a covered Layoff or Leave of Absence, We will calculate his benefit using his Pre-Disability Monthly Earnings from his Employer in effect just prior to the date his absence begins.



## **WORKING RETURNS LONG TERM DISABILITY INSURANCE FOR COVERED PERSON (continued)**

**Fluctuation of Disability Earnings:** If the Covered Person's Disability Earnings fluctuate, We may average his Disability Earnings over the most recent 3 months to determine if his claim should continue subject to all other terms and conditions in the Policy.

If We average his Disability Earnings, We will not terminate his claim unless the average of his Disability Earnings from the last 3 months exceeds 80% of his Indexed Pre-Disability Monthly Earnings.

We will not pay the Covered Person for any month during which Disability Earnings exceed the amount allowable under the Policy.

**Other Income Benefits:** We will subtract from the Covered Person's Gross Disability Payment the following Other Income Benefits:

1. any benefits and awards he receives or is eligible to receive under:
  - a. Workers' Compensation Law;
  - b. occupational disease Law; or
  - c. any other similar Act or Law.
2. any Disability income benefits he receives or is eligible to receive under:
  - a. any compulsory benefit Act or Law;
  - b. any other group insurance policy with the Employer or with an association;
  - c. any other group insurance policy with another Employer under which he becomes insured while he is Disabled under the Policy; or
  - d. any governmental retirement system as the result of his job with his Employer.
3. any benefits under the United States Social Security Act, The Canada Pension Plan, The Quebec Pension Plan, the Jones Act, and any other similar plan or Act. Benefits include:
  - a. Disability benefits he is eligible to receive and any disability benefits his Spouse or his children receive or are eligible to receive as a result of his Disability.
  - b. retirement benefits he receives and any retirement benefits his Spouse or his children receive as a result of his receipt of retirement benefits.

If the Covered Person's Disability begins after his 70<sup>th</sup> birthday, and he was receiving Social Security retirement benefits before his Disability began, then We will not reduce Our payments to him by these retirement benefits.

**Pension Plan means:** a plan that provides retirement benefits and which is not wholly funded by Employee contributions. The term does not include a profit sharing plan, a thrift plan, an individual retirement account (IRA), a tax sheltered annuity plan (TSA), a stock ownership plan or a non-qualified plan of deferred compensation.

4. any benefits he receives from the Employer's sick leave or salary continuation plan.
5. any benefits from the Employer's retirement plan, the Public Employees Retirement System and the State Teachers Retirement System he:
  - a. receives as disability benefits;
  - b. voluntarily chooses to receive as retirement benefits; or
  - c. receives as retirement benefits once he reaches the greater of age 62 or normal retirement age, as defined in his Employer's Retirement Plan.

## **WORKING RETURNS LONG TERM DISABILITY INSURANCE FOR COVERED PERSON (continued)**

Regardless of how the retirement funds from the plan are distributed, for the purposes of determining Our payment to the Covered Person, We consider Employee and Employer contributions to be distributed at the same time throughout the Covered Person's lifetime.

We will not reduce payments the Covered Person receives from Us for his contributions to the Employer's retirement plan, or for amounts he rolls over or transfer to an eligible Retirement Plan.

Disability benefits under a retirement plan are benefits that are paid due to disability and which do not reduce the retirement benefits which would have been paid if the disability had not occurred.

Retirement benefits under a retirement plan are benefits that are paid based on the Covered Person's Employer's contribution to the retirement plan. Disability benefits that reduce the retirement benefits under the plan will also be considered a retirement benefit.

Eligible retirement plan is defined in Section 402 of the Internal Revenue Code of 1986 and includes future amendments to Section 402 affecting the definition.

6. any benefits for loss of time or lost wages he receives from the mandatory portion of a no-fault motor vehicle insurance plan, or automobile liability insurance policy.
7. any amount he receives under any unemployment compensation Law.
8. any amounts he receives from a third party (after subtracting attorney's fees) by judgment, settlement or otherwise.

If the Covered Person receives any of the Other Income Benefits in a lump sum payment, We will pro-rate the lump sum on a monthly basis over the time period for which the sum was given. If no time period is stated, the sum will be pro-rated on a monthly basis to the end of the Covered Person's Maximum Benefit Period.

Other Income Benefits must be payable as a result of the same Disability for which the Covered Person is receiving a payment from Us, except for retirement benefits.

We will NOT subtract from the Covered Person's Gross Disability Payment any amounts he receives from the following sources:

1. 401(k) plans
2. profit sharing plans
3. thrift plans
4. tax sheltered annuities
5. stock ownership plans
6. non-qualified plans of deferred compensation
7. Pension plans for partners
8. military pension and military disability income plans
9. credit disability insurance
10. franchise disability income plans
11. a retirement plan from another Employer
12. Individual Retirement Accounts (IRA)
13. individual disability income plans

**Affect of Other Income Benefits on Payment:** If subtracting Other Income Benefits results in a zero benefit, We will pay the Covered Person the Minimum Monthly Benefit shown in the Schedule of Benefits. The Minimum Monthly Benefit, however, may be applied toward an outstanding overpayment.

## **WORKING RETURNS LONG TERM DISABILITY INSURANCE FOR COVERED PERSON (continued)**

**Cost of Living Increases:** After the first deduction for each of the Other Income Benefits, We will not further reduce the amount of the Covered Person's Monthly Payment under the Policy due to cost of living increases he receives from any of the sources described in the "Other Income Benefits" section.

**Estimating Amounts of Other Income Benefits:** We have the right to estimate the amount of benefits the Covered Person may be eligible to receive under the "Other Income Benefits" section. We can reduce Our payments to him by the estimated amount if:

1. he has not been awarded but have not been denied such benefits; or
2. he has been denied such benefits and the denial is being appealed; or
3. he is reapplying for such benefits.

We will NOT reduce Our payments to the Covered Person by the estimated amount if:

1. he applies or reapplies for the benefits and appeals his denial through all of the administrative levels We believe are necessary;
2. he signs Our reimbursement agreement form stating that he promises to pay Us any overpayment caused by an award.

If We reduce Our payments to the Covered Person by an estimated amount:

1. We will adjust Our payment to him when he provides proof of the amount awarded; or
2. We will issue a lump sum refund of the estimated amount if he was denied benefits and has completed all appeals (or reapplications) We believe are necessary.

**Termination of Benefits:** We will stop sending the Covered Person payments and his claim will end on the earliest of:

1. the date he is no longer Disabled according to the terms of the Policy;
2. the date he reaches the end of the Maximum Benefit Period;
3. the date he fails to provide proof of continuing Disability;
4. the date his Disability Earnings exceed the amount allowable under the Policy;
5. the date he is able to increase his Disability Earnings by increasing the number of hours he work or the number of duties he performs but he chooses not to do so;
6. the date he refuses to be examined by a Physician, if such an exam is requested by Us;
7. the date he refuses to be interviewed by one of Our representatives;
8. the date he ceases to be under the Regular Care of a Physician;
9. the date he dies.

If the Covered Person is a citizen of the United States and is receiving Treatment outside of the United States, We may require him to return to the United States for Treatment. Failure to do so when requested may result in termination of benefits.

## **WORKING RETURNS LONG TERM DISABILITY INSURANCE FOR COVERED PERSON (continued)**

### **Limitations:**

#### **Mental Illness and Substance Abuse Limitation**

Disabilities due to Mental Illness or Substance Abuse have a limited pay period of 24 months. This is a lifetime cumulative maximum benefit period for Disabilities due to Mental Illness or Substance Abuse.

We will continue to send the Covered Person payments beyond the limited pay period if he is confined to a Hospital or Medical Facility. If he is still Disabled when he is discharged, We will send him payments for a recovery period of up to 90 days. If he becomes re-confined at any time during the recovery period and remains confined for at least 14 days in a row, We will send payments during that additional confinement and for one additional recovery period up to 90 more days.

In no case will benefits be paid beyond the Maximum Benefit Period.

**Mental Illness means:** any Sickness, disease or disorder, which is:

1. listed in the current edition of the Diagnostic and Statistical Manual of Mental Health Disorders (or any successor diagnostic manual) published by the American Psychiatric Association; and
2. usually treated by a mental health provider or other qualified provider, using psychotherapy, psychotropic drugs or other similar methods of Treatment.

Mental Illness includes any such conditions whether or not related to an underlying physical, genetic, chemical, organic or biological cause, although it may be associated with physical symptoms, manifestations or expressions. Specific conditions include, but are not limited to:

1. bipolar disorder;
2. depression and depressive disorders;
3. psychoses;
4. mood disorders;
5. manic-depressive illness;
6. anxiety disorders;
7. stress disorders including post-traumatic stress disorders;
8. somatoform disorders;
9. factitious disorders;
10. eating disorders;
11. adjustment disorders; and
12. personality disorders.

For purposes of the Policy, Mental Illness does not include coma (unless a consequence of Substance Abuse), mental retardation or Alzheimer's disease and other forms of dementia with an objectifiable organic basis.

**Substance Abuse means:** alcoholism, or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a Physician.

## **WORKING RETURNS LONG TERM DISABILITY INSURANCE FOR COVERED PERSON (continued)**

**General Exclusions:** We will not cover a Disability under the Policy if it is due to:

1. an act or accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature;
2. intentionally self-inflicted Injuries;
3. active participation in a riot;
4. committing or attempting to commit a felony.

We will not make a payment for any period of time during which the Covered Person is incarcerated or under House Arrest. The Maximum Benefit Period will be reduced by the amount of time he is incarcerated or under House Arrest after completion of the Elimination Period.

**House Arrest means:** any restriction placed on the Covered Person's movement outside of his home by a court of competent jurisdiction. Compliance with such restriction is regularly monitored using electronic or other means.

**Pre-Existing Condition Exclusion: 12/12**

We will not cover any Disability that begins during the first 12 months after the Covered Person's Effective Date of insurance that is caused or contributed to by a Pre-Existing Condition.

**Pre-Existing Condition means:** any Sickness or Injury including Mental Illness, Substance Abuse or Subjective Symptoms for which the Covered Person, within 12 months prior to his Effective Date of insurance:

1. was diagnosed by or received Treatment from a legally qualified Physician; or
2. had symptoms for which an ordinarily prudent person would have sought Treatment.

**Continuity of Insurance Upon Transfer of Insurance Carriers:** In order to prevent loss of insurance for a Covered Person because of a transfer of insurance carriers, We will provide insurance for certain Employees as follows:

Employees who are not Actively at Work due to Sickness or Injury:

We will insure the Employee under this Policy if the prior group insurance policy insured him and the cost of his insurance under the prior group insurance policy was paid.

Our payments to the Employee will be limited to the lesser of the Monthly Payment under the Policy or the monthly benefit the prior group insurance policy would have paid him, had that policy stayed in effect. Our payments will be reduced by any amount the prior group insurance policy is responsible for paying.

Employees who are Disabled due to a Pre-Existing Condition:

If the Employee was insured by the prior group insurance policy immediately prior to becoming eligible for insurance under this Policy, he is Actively at Work and he is insured under this Policy, then he may be eligible for payments under this Policy if his Disability is due to a Pre-Existing Condition.

In order to receive payments from Us, the Employee must satisfy the Pre-Existing Condition Exclusion test of:

1. this Policy; or
2. the prior group insurance policy, had that policy stayed in effect.

We will give credit toward continuous time insured under both policies. We will determine Our payments using the provisions of this Policy, but the Employees Monthly Payment will not be more than the maximum monthly payment of the prior group insurance policy.

## **WORKING RETURNS LONG TERM DISABILITY INSURANCE FOR COVERED PERSON (continued)**

The Employee's Monthly Payment will end on the earlier of the following:

1. the end of the Maximum Benefit Period;
2. the date benefits would have ended under the prior group insurance policy, if the policy had stayed in effect.

If the Employee cannot satisfy the Pre-Existing Condition Exclusion test of either policy, then he will not be eligible for a Monthly Payment.

**Recurrent Disability:** If the Covered Person's current Disability is related or due to the same causes(s) as his prior Disability for which We made a payment, We will treat his current Disability as part of his prior claim and he will not have to complete another Elimination Period if he returns to Active Work for his Employer on a full time basis for 6 consecutive months or less. His Disability will be subject to all of the provisions as his prior claim and will be treated as a continuation of that Disability.

Any Disability which occurs after 6 consecutive months from the date the Covered Person's prior claim ended will be treated as a new claim. His new claim will be subject to all of the provisions, including the Elimination Period.

If the Covered Person returns to work for another Employer, We will treat a Recurrent Disability the same as established above for the first 6 months following his return to work. Any Recurrent Disability that occurs more than 6 months but less than 12 months after the end of the Covered Person's prior Disability will be treated as a continuation of the prior Disability, but the Covered Person will be required to complete a new Elimination Period.

If the Covered Person becomes entitled to benefits under any other Group Long Term Disability policy, he will not be eligible for payments under the Policy.

**Recurrent Disability means:** a Disability that is:

1. caused by a worsening in the Covered Person's condition; and
2. due to the same or related cause(s) as his prior Disability for which We made a payment.

**Multiple Causes:** If a period of Disability is extended by a new, unrelated cause while benefits are payable, benefits will continue while the Covered Person remains Disabled, subject to the following:

1. benefits will not continue beyond the end of the original Maximum Benefit Period; and
2. any Exclusions and Pre-existing Conditions Limitations will apply to the new cause of Disability.

**Concurrent Disability:** Benefits for a Concurrent Disability will be paid as if the Concurrent Disability were caused by one Injury or one Sickness. In no event will a Covered Person be considered to have more than one continuous period of Disability at the same time.

**Concurrent Disability means:** one continuous period of Disability that is caused by more than one Injury or Sickness.

## **WORKING RETURNS LONG TERM DISABILITY INSURANCE FOR COVERED PERSON (continued)**

**Lump Sum Survivor Benefit:** When We receive proof that the Covered Person died, We will pay his Spouse, if living, otherwise, his children under age 26, a lump sum benefit equal to 3 months of the Covered Person's monthly Gross Disability Payment if, on the date of the Covered Person's death:

1. his Disability had continued for 90 or more consecutive days; and
2. he was receiving or was entitled to receive a Monthly Payment under the Policy.

If the Covered Person has no living Spouse or children, payment will be made to his estate. However, We will first apply the survivor benefit to any overpayment which may exist on the Covered Person's claim.

**Workplace Modification Benefit:** A workplace modification benefit may be payable to the Covered Person's Employer if a change is made to the work environment or the way a job is performed to allow the Covered Person to be Actively at Work and to perform the Material and Substantial Duties of his Regular Occupation, or any Gainful Occupation.

To qualify for a benefit:

1. the Covered Person must be Disabled under the terms of the Policy;
2. the Employer must agree to make the necessary modifications so that the Covered Person can return to work; and
3. any proposed modifications to the work place must be in writing and approved by Us prior to implementation.
4. In considering any proposed modifications, We have the right to have the Covered Person evaluated by a Physician or other health care professional, or a vocational rehabilitation specialist of Our choice.

When the above qualifications are met, the Covered Person's Employer will be reimbursed for the cost of the modification up to a maximum amount for the Workplace Modification Benefit. This benefit is available to the Covered Person on a one-time-only basis, at Our discretion, and will be paid in addition to any other Disability benefits for which the Covered Person qualifies. The Workplace Modification Benefit maximum amount is \$5,000.

**Rehabilitation Services:** rehabilitation program is available to assist the Covered Person in his return to work. Participation in this program is voluntary on his part and will be offered at Our discretion.

Our vocational rehabilitation specialists will review the Covered Person's file to determine if rehabilitation services might help him return to a Gainful Occupation. Once the review is completed, We may offer and pay for a return to work program. We will work with the Covered Person's Physician and other appropriate specialists to develop a plan that best suits the Covered Person's needs.

The return to work program may include, but is not limited to, the following services:

1. coordination with the Covered Person's Employer to assist him in his return to work;
2. evaluation of adaptive equipment to allow the Covered Person to work;
3. vocational evaluation to determine how his Disability may impact his employment options;
4. job placement services;
5. resume preparation;
6. job seeking skills training;
7. retraining for a new occupation; or
8. assistance with relocation that may be part of an approved return to work program.

## **WORKING RETURNS LONG TERM DISABILITY INSURANCE FOR COVERED PERSON (continued)**

We reserve the right to make the final decision concerning the Covered Person's eligibility to take part in a rehabilitation program and the amount of any services he will be provided.

During the Covered Person's participation in an approved rehabilitation program, his Gross Disability Payment will be increased by 5% for Rehabilitation Services.

In addition, We will make monthly payments to the Covered Person for 3 months following the date his Disability ends if We determine he is no longer Disabled while:

1. he is participating in Our rehabilitation program; and
2. he is not able to find employment.

**Employee Outreach Services:** may provide Employee Outreach Services for a Covered Person who has a medical disability accompanied by psychosocial problems that may interfere with his recovery and return to work.

Employee Outreach Services will be provided at our discretion and may include, but are not limited to:

1. service provider referrals; and
2. identifying available community and state resources that may be helpful in the Covered Person's recovery and return to work.

**Social Security Assistance:** If the Covered Person is receiving a payment from Us, through, We can provide advice to him regarding his Social Security Disability benefits claim and assist him with his application or appeal.

Receiving Social Security Disability benefits may enable:

1. him to receive Medicare after 24 months of disability payments;
2. him to protect his retirement benefits; and
3. his family to be eligible for Social Security benefits.

We can assist the Covered Person in obtaining Social Security disability benefits by:

1. helping him find appropriate legal representation or other assistance;
2. obtaining medical and vocational evidence; and
3. reimbursing pre-approved case management expenses.

### **Claim Information:**

**Notice of Claim:** Written notice of a claim must be given to Us at Our Home Office by the Covered Person within 30 days after the date his Disability begins. If it is not possible, written notice must be given as soon as it is reasonably possible to do so.

The claim form is available from the Covered Person's Employer, or can be requested from Us. If the Covered Person does not receive the form from Us within 15 days of his request, written proof of claim should be sent to Us without waiting for the form. Written proof should establish facts about the claim such as date of occurrence, nature and extent of the Disability.

The Covered Person must notify Us immediately when he returns to work in any capacity.

**Filing a Claim:** The Covered Person and his Employer must fill out their own section of the claim form and then give it to the Covered Person's attending Physician. The Physician should fill out his section of the form and send it directly to Us.



## **WORKING RETURNS LONG TERM DISABILITY INSURANCE FOR COVERED PERSON (continued)**

**Proof of Claim:** Written proof of claim must be filed within 90 days after the Covered Person's Elimination Period ends. However, if it is not possible to give proof within 90 days, it must be given no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

Proof of claim must include:

1. the date the Covered Person's Disability began;
2. appropriate documentation of the Disabling disorder;
3. the extent of the Covered Person's Disability, including restrictions and limitations preventing him from being Actively at Work;
4. the appropriate documentation of the Covered Person's earnings;
5. the name and address of any Hospital or Medical Facility where the Covered Person received Treatment;
6. the name and address of all Physicians providing Regular Care or specialty care.

We may request that the Covered Person send proof of continuing Disability, satisfactory to Us, indicating that he is under the Regular Care of a Physician. This proof, provided at the Covered Person's expense, must be received within 30 days of a request by Us.

In some cases, the Covered Person will be required to give Us authorization to obtain additional medical information, and to provide non-medical information as part of his proof of claim, or proof of continuing Disability. We will deny a Covered Person's claim or stop sending him payments if the appropriate information is not submitted.

**Payment of Claim:** Except as otherwise noted for specified additional benefits that may be included in the Policy, all Disability benefits are payable to the Covered Person within 30 days of receipt by Us of Proof of Claim. If a benefit is payable to the Covered Person's estate, to a minor or to someone who is not competent to give a valid release, We have the right to pay up to \$1,000 to any of the Covered Person's relatives whom We consider entitled. Any amount We pay in good faith releases Us from further liability, but only for the amount paid.

**Overpayment of Claim:** We have the right to recover any overpayments due to:

1. fraud;
2. any error We make in processing a claim; and
3. the Covered Person's receipt of Other Income Benefits.

The Covered Person must reimburse Us in full. We will determine the method by which the repayment is to be made. We have the right to recover overpayment from the Covered Person's Spouse if living, otherwise child under the age 26 or estate.

**Legal Action:** The Covered Person may not bring suit to recover under this section until 60 days after he has given Us written proof of loss. No suit may be brought more than three years after the date the proof of loss is required to be filed.

## PORTABILITY UNDER THE WORKING RETURNS LONG TERM DISABILITY INSURANCE

If the Covered Person's insurance under the Policy ends because his employment with the Employer ends, then he may choose to continue his Group Long Term Disability Insurance without providing evidence of insurability.

The Covered Person must be insured under the Policy for at least 12 months prior to the date his employment ends.

The Covered Person is not eligible to continue his insurance if:

1. he is Disabled under the terms of the Policy; or
2. he has recovered from a Disability under the terms of the Policy, but did not choose to return to work with the Employer; or
3. he failed to pay premium for the cost of his insurance; or
4. he is on an approved Leave of Absence; or
5. he retires; or
6. he is or becomes insured under another group long term disability policy; or
7. the Policy terminates.

**Retire means:** for purposes of this Portability benefit, the Covered Person has concluded his working career on a full-time basis and:

1. he is receiving payments from a governmental retirement plan or any Employer;
2. he is receiving Social Security Retirement benefits; or
3. he is no longer seeking active, full-time employment.

To apply for Portability insurance, within 31 days of the date the Covered Person's insurance ends he must:

1. submit a written application to Us; and
2. pay the first month's premium.

If the above conditions are met, such insurance will:

1. be issued without evidence of insurability; and
2. continue in effect for 12 months provided the Covered Person continues to pay the cost of his insurance.

During the time Portability insurance is in effect, any benefits paid will be based on the Covered Person's Pre-Disability Monthly Earnings as calculated just prior to the time his employment with the Employer ended.

The Portability insurance will end on the earliest of:

1. the date the Covered Person fails to pay the required premium;
2. the date he retires;
3. the date he becomes insured under any other group long term disability policy;
4. the date the Policy terminates; or
5. the date following 12 months of Portability insurance.

Employees rehired after porting insurance must either lapse that insurance or provide evidence of insurability.

## STATUTORY PROVISIONS

### ALASKA

Residents of the state of Alaska, the following provisions are included to bring your Certificate into conformity with Alaska state law:

#### **Discretionary Authority**

When a Discretionary Authority provision is shown in the CERTIFICATE GENERAL PROVISIONS section, it is hereby deleted in its entirety.

#### **Overpayment of Claim**

The Overpayment of Claim section as contained in the Certificate is hereby changed to read as follows:

**Overpayment of Claim:** Within 180 days of payment of a benefit, We have the right to recover any overpayments due to:

1. fraud;
2. any error We make in processing a claim; and
3. the Covered Person's receipt of Other Income Benefits.

The Covered Person must reimburse Us in full. We will determine the method by which the repayment is to be made. We have the right to recover overpayment from the Covered Person's Spouse if living, otherwise child under the age 26 or estate.

### ARKANSAS

Residents of the state of Arkansas, the following provision is included to bring your Certificate into conformity with Arkansas state law:

#### **Insurer Information Notice**

Any questions regarding the Policy may be directed to:  
UnitedHealthcare Insurance Company  
Administrative Offices  
9900 Bren Road East  
Minnetonka, MN 55343  
1-866-615-8727

If the question is not resolved, you may contact the Arkansas Insurance Department:  
Arkansas Insurance Department  
Consumer Services Division  
400 University Tower Building  
Little Rock, Arkansas 77204  
Telephone: 1-800-852-5494

## MINNESOTA

Minnesota has determined that its statutory requirements apply to Minnesota residence when non-Minnesota situated Employers have 25 or more Employees residing in Minnesota.

Any questions regarding these statutory requirements may be directed in writing to:

UnitedHealthcare Specialty Benefits  
Contract Services  
Administrative Offices  
9900 Bren Road East  
Minnetonka, MN 55343

## MONTANA

Residents of the state of Montana, the following provision is included to bring your Certificate into conformity with Montana state law:

**Conformity with Montana Statutes:** For Montana residents, the provisions of this Policy are intended to conform to the minimum requirements of Montana law. If any provision of the Policy conflicts with any Montana statutes, the provision will be deemed to conform to the minimum requirements of the Montana law.

### Discretionary Authority

When a Discretionary Authority provision is shown in the CERTIFICATE GENERAL PROVISIONS section it is hereby deleted in its entirety.

### Disability Pre-Existing Exclusion

Any applicable Pre-Existing exclusion will not be applied to any disability that begins more than 12 months after the Covered Person's Effective Date of insurance.

## NEW HAMPSHIRE

Residents of the state of New Hampshire, the following provision is included to bring your Certificate into conformity with New Hampshire state law:

### Proof of Claim

The provision(s) entitled Proof of Claim as contained in the Certificate of Coverage is modified to include the following:

Failure to furnish such proof of claim within the Certificate of Coverage stated time limit will not invalidate nor reduce any claim if it is shown not to have been reasonably possible to furnish such proof and that such proof was furnished as soon as it was reasonably possible.

### Discretionary Authority

When a Discretionary Authority provision is shown in the Certificate of Coverage GENERAL PROVISIONS section it is hereby deleted in its entirety.

## NORTH CAROLINA

Residents of the state of North Carolina, the following provision is included to bring your Certificate into conformity with North Carolina state law:

### **Proof of Claim**

The provision(s) entitled Proof of Claim as contained in the Certificate is modified as follows:

Written proof of claim must be filed within 180 days of the loss. However, if it is not possible to give proof within 180 days, it must be given no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

### **Occupational Injury or Sickness Exclusion**

Any exclusion that applies to an Occupational Injury or Sickness is hereby replaced by the following:

An Occupational Injury or Sickness for treatments which are paid under the North Carolina Worker's Compensation Act only to extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.

## NORTH DAKOTA

Residents of the state of North Dakota, the following provision is included to bring your Certificate into conformity with North Dakota state law:

**20 Day Right to Examine Certificate:** There is a 20 day right to review this Certificate. If You decide not to keep it, it may be returned to Us within 20 days of the original Certificate Effective Date. In that event, We will consider it void from the Certificate Effective Date and refund all premium paid. Any claims paid during the initial 20 day period will be deducted from the refund.

## OKLAHOMA

Residents of the state of Oklahoma, the following provision is included to bring your Certificate into conformity with Oklahoma state law:

**Certificates delivered to residents of state of Oklahoma are subject to Oklahoma laws.**

### **Incontestability**

The Incontestability provision shown in the Certificate GENERAL PROVISIONS section is replaced by the following:

**Incontestability:** We may not contest the validity of the Policy, except for the non-payment of premiums, after it has been in force for two years from its date of issue. No statement made by any Covered Person relating to his insurability shall be used in contesting the validity of the insurance with respect to which such statement was made after such insurance has been in force prior to the contest for a period of two years during such person's lifetime, unless it is contained in a written instrument signed by him. This clause will not affect Our right to contest claims made for accidental death or accidental dismemberment benefits.

## TEXAS

Residents of the state of Texas, the following provision is included to bring your Certificate into conformity with Texas state law:

### **Incontestability**

The Incontestability provision under the CERTIFICATE GENERAL PROVISIONS section, is amended to remove the phrase "or fraudulent misrepresentations" from the first sentence.

## TEXAS

### IMPORTANT NOTICE

To obtain information or make a complaint:

You may call UnitedHealthcare Insurance Company's toll-free telephone number for information or to make a complaint at

1-866-615-8727

You may also write to UnitedHealthcare Insurance Company at:

UnitedHealthcare Insurance Company  
Administrative Offices  
9900 Bren Road East  
Minnetonka, MN 55343

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at: **800-252-3439**

You may write the Texas Department of Insurance at:

P.O. Box 149104  
Austin, TX 78714-9104  
FAX #(512) 490-1007  
Web: <http://www.tdi.texas.gov>  
E-Mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

### PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

### ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

Form No. AA-2068 (Rev. 6/15)

### AVISO IMPORTANTE

Para obtener información o para presentar una queja:

Usted puede llamar al número de teléfono gratuito de UnitedHealthcare Insurance Company's para obtener información o para presentar una queja al:  
1-866-615-8727

Usted también puede escribir a UnitedHealthcare Insurance Company:

UnitedHealthcare Insurance Company  
Administrative Offices  
9900 Bren Road East  
Minnetonka, MN 55343

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos, o quejas al:  
**1-800-252-3439**

Usted puede escribir al Departamento de Seguros de Texas a:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax: (512) 490-1007  
Sitio web: <http://www.tdi.texas.gov>  
E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

### DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:

Si tiene una disputa relacionada con su prima de seguro o con una reclamación, usted debe comunicarse con (el agente) (la compañía) (el agente o la compañía) primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

**ADJUNTE ESTE AVISO A SU PÓLIZA:** Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.

ACN-TX-MP (8/95)



# CENSUS

RecordID	Program	HO Level	Gender	Birthdate	Income
5798	Emergency Medicine	HO 4	Male	18-Apr-89	\$60,850.62
6300	Anesthesiology	HO 4	Female	14-Nov-89	\$60,850.62
11159	Internal Medicine - Baton Rouge	HO 2	Male	30-Nov-91	\$56,652.73
6944	Pediatrics - Cardiology	HO 10	Female	05-Sep-79	\$66,173.68
7195	Internal Medicine / Pediatrics	HO 3	Female	10-Feb-80	\$58,591.18
15286	Surgery - Critical Care	HO 8	Male	13-May-89	\$66,173.68
15252	Emergency Medicine - Hyperbaric	HO 8	Female	05-Aug-91	\$60,850.62
14398	Medicine - Cardiology	HO 8	Male	28-Apr-91	\$60,850.62
15285	Surgery - Critical Care	HO 8	Male	11-Aug-88	\$0.00
11010	Internal Medicine / Pediatrics	HO 2	Male	26-Dec-88	\$56,652.73
1632	Psychiatry - Addiction	HO 8	Male	03-Oct-69	\$63,424.25
15318	UHC - Sports Medicine	HO 8	Male	31-Aug-91	\$60,850.62
15045	Pathology	HO 1	Female	29-Aug-83	\$54,815.24
11209	Medicine - Rheumatology	HO 9	Female	05-Jul-87	\$63,424.25
13834	Radiology - Women's & Breast Imaging (Non Accred)	HO 8	Female	19-Dec-77	\$66,173.68
11160	Internal Medicine - Baton Rouge	HO 2	Female	20-Aug-92	\$56,652.73
15093	Surgery	HO 1	Female	07-Dec-91	\$54,815.24
4050	Surgery	HO 4	Female	09-Jan-86	\$60,850.62
4550	Oral & Maxillofacial Surgery	HO 4	Male	22-Dec-88	\$60,850.62
4554	Oral & Maxillofacial Surgery	HO 4	Female	26-Jan-87	\$60,850.62
4631	Surgery	HO 5	Male	18-Jul-87	\$63,424.25
4634	Surgery	HO 5	Female	18-Jan-90	\$63,424.25
5198	Oral & Maxillofacial Surgery	HO 3	Male	06-Jul-90	\$58,591.18
5199	Oral & Maxillofacial Surgery	HO 3	Male	31-May-90	\$58,591.18
5200	Oral & Maxillofacial Surgery	HO 3	Male	18-Jan-89	\$58,591.18
5213	Oral & Maxillofacial Surgery	HO 3	Male	07-Feb-90	\$58,591.18
4638	Surgery	HO 5	Male	14-May-84	\$63,424.25
4640	Surgery	HO 5	Male	24-Jul-89	\$63,424.25
5324	Otolaryngology	HO 5	Female	03-Nov-89	\$63,424.25
5307	Radiology Diagnostic	HO 5	Male	10-Jul-92	\$63,424.25
5390	Radiology Diagnostic	HO 5	Male	26-Sep-88	\$63,424.25
5309	Radiology Diagnostic	HO 5	Female	08-Feb-88	\$63,424.25
4049	Surgery	HO 5	Female	19-Oct-87	\$63,424.25



RecordID	Program	HO Level	Gender	Birthdate	Income
5744	Urology	HO 5	Male	17-Feb-90	\$63,424.25
5743	Urology	HO 5	Female	08-Nov-89	\$0.00
5772	Oral & Maxillofacial Surgery	HO 2	Male	19-Aug-90	\$56,652.73
5777	Oral & Maxillofacial Surgery	HO 2	Male	28-Jan-90	\$56,652.73
5778	Oral & Maxillofacial Surgery	HO 2	Male	19-Dec-90	\$56,652.73
5786	Oral & Maxillofacial Surgery	HO 2	Male	23-Jun-89	\$56,652.73
5795	Emergency Medicine	HO 4	Female	30-Mar-89	\$60,850.62
5797	Emergency Medicine	HO 4	Female	28-Oct-89	\$60,850.62
5799	Emergency Medicine	HO 4	Male	02-Nov-85	\$60,850.62
5800	Emergency Medicine	HO 4	Female	04-Jul-89	\$60,850.62
5801	Emergency Medicine	HO 4	Female	29-Sep-90	\$60,850.62
5802	Emergency Medicine	HO 4	Male	12-Jul-90	\$60,850.62
5803	Emergency Medicine	HO 4	Male	08-Aug-91	\$60,850.62
5796	Emergency Medicine	HO 4	Male	19-Jun-91	\$60,850.62
5253	Psychiatry - Addiction	HO 8	Male	07-Apr-88	\$63,424.25
7186	Family Medicine - Lake Charles	HO 3	Male	15-Jun-91	\$58,591.18
15002	Internal Medicine / Emergency Medicine	HO 1	Male	18-Jun-94	\$54,815.24
11022	Medicine - Internal Medicine	HO 2	Male	10-Dec-86	\$56,652.73
14856	Pediatrics - Cardiology	HO 8	Female	25-May-83	\$60,850.62
14400	Emergency Medicine - Hyperbaric	HO 8	Female	26-Jun-78	\$60,850.62
15011	Neurology	HO 1	Female	07-Feb-93	\$54,815.24
11014	Medicine - Internal Medicine	HO 2	Male	11-Oct-92	\$56,652.73
11242	Ophthalmology - Retina (Non Accred)	HO 9	Male	01-Aug-82	\$66,173.68
14759	Dermatology	HO 2	Female	30-Apr-93	\$56,652.73
5630	Medicine - Infectious Disease	HO 8	Male	13-Aug-84	\$60,850.62
5847	Obstetrics and Gynecology	HO 4	Female	13-Mar-90	\$60,850.62
15319	UHC - Sports Medicine	HO 8	Male	20-Aug-86	\$60,850.62
15418	Pediatric Orthopaedics	HO 8	Male	02-Jul-85	\$66,173.68
14593	Dentistry	HO 1	Male	29-Sep-90	\$54,815.24
16143	Musculoskeletal Radiology	HO 8	Male	06-Jul-74	\$66,173.68
16242	Allergy & Immunology	HO 8	Female	07-Feb-90	\$60,850.62
15079	Surgery	HO 1	Female	01-Aug-92	\$54,815.24
15160	Internal Medicine - Baton Rouge	HO 1	Male	21-Jan-94	\$54,815.24

RecordID	Program	HO Level	Gender	Birthdate	Income
5804	Emergency Medicine	HO 4	Female	15-Jul-90	\$60,850.62
5805	Emergency Medicine	HO 4	Male	08-Jun-90	\$60,850.62
5806	Emergency Medicine	HO 4	Male	08-Jul-85	\$60,850.62
5837	Internal Medicine / Emergency Medicine	HO 4	Female	05-Nov-83	\$60,850.62
5838	Internal Medicine / Emergency Medicine	HO 4	Female	01-Jul-86	\$60,850.62
5839	Neurology	HO 4	Female	31-Mar-87	\$60,850.62
5840	Neurology	HO 4	Male	15-Apr-91	\$60,850.62
5841	Neurology	HO 4	Male	11-Jan-83	\$60,850.62
5842	Neurology	HO 4	Female	20-May-86	\$60,850.62
5843	Neurosurgery	HO 4	Male	21-Aug-90	\$60,850.62
5844	Obstetrics and Gynecology	HO 4	Female	29-Aug-89	\$60,850.62
5845	Obstetrics and Gynecology	HO 4	Male	18-Mar-91	\$60,850.62
11154	Internal Medicine - Baton Rouge	HO 2	Male	14-Aug-90	\$56,652.73
11157	Internal Medicine - Baton Rouge	HO 2	Male	26-Oct-90	\$56,652.73
11158	Internal Medicine - Baton Rouge	HO 2	Male	20-Jan-91	\$56,652.73
11155	Internal Medicine - Baton Rouge	HO 2	Male	16-Apr-90	\$56,652.73
11259	Medicine - Hematology and Oncology	HO 9	Female	15-Jan-85	\$63,424.25
11260	Medicine - Hematology and Oncology	HO 9	Male	02-Jan-90	\$63,424.25
5900	Child Psychiatry	HO 5	Male	20-Feb-78	\$63,424.25
13437	Neurotology	HO 8	Male	28-Oct-86	\$66,173.68
11029	Medicine - Internal Medicine	HO 2	Female	25-Jan-93	\$56,652.73
11457	Medicine - Internal Medicine	HO 2	Male	26-Sep-87	\$56,652.73
5334	Physical Medicine & Rehabilitation - Pain Medicine	HO 8	Male	08-Nov-89	\$0.00
4764	Psychiatry - Forensic	HO 8	Male	08-Dec-88	\$63,424.25
14627	Medicine - Hematology and Oncology	HO 8	Female	02-Dec-90	\$60,850.62
14658	Medicine - Geriatrics	HO 8	Female	28-Sep-89	\$60,850.62
14625	Medicine - Hematology and Oncology	HO 8	Male	29-Aug-85	\$60,850.62
14626	Medicine - Hematology and Oncology	HO 8	Female	26-Oct-85	\$60,850.62
10866	Oral & Maxillofacial Surgery	HO 1	Female	10-Nov-92	\$54,815.24
10868	Oral & Maxillofacial Surgery	HO 1	Male	26-May-93	\$54,815.24
7365	Pediatrics - Hematology/Oncology	HO 9	Female	10-Apr-88	\$63,424.25
11031	Radiology Interventional	HO 2	Male	07-Mar-93	\$56,652.73
5738	Ophthalmology - Retina (Non Accred)	HO 8	Male	02-Aug-88	\$63,424.25

RecordID	Program	HO Level	Gender	Birthdate	Income
14791	Physical Medicine & Rehabilitation - Pain Medicine	HO 8	Male	26-Sep-90	\$63,424.25
14792	Physical Medicine & Rehabilitation - Pain Medicine	HO 8	Male	12-Oct-87	\$63,424.25
15036	Otolaryngology	HO 1	Male	29-Mar-94	\$54,815.24
5360	Clinical Neurophysiology	HO 8	Female	02-May-80	\$63,424.25
11083	Medicine - Internal Medicine	HO 2	Male	01-Jan-86	\$56,652.73
3289	Family Medicine - Bogalusa	HO 1	Male	19-Aug-81	\$54,815.24
15186	Plastic Surgery - Aesthetics	HO 8	Male	30-Sep-83	\$66,173.68
15219	Plastic Surgery - Integrated	HO 2	Male	19-Mar-89	\$56,652.73
15220	Plastic Surgery - Microsurgery	HO 8	Male	25-Aug-87	\$66,173.68
5379	OLOL - Psychiatry	HO 2	Female	25-Apr-86	\$56,652.73
4093	Neurosurgery	HO 7	Female	10-Jul-87	\$66,173.68
4098	Medicine - Cardiology	HO 9	Male	21-Jan-87	\$63,424.25
4552	Oral & Maxillofacial Surgery	HO 4	Male	31-Jan-87	\$60,850.62
5251	Anesthesiology	HO 4	Male	24-Feb-88	\$60,850.62
4553	Oral & Maxillofacial Surgery	HO 4	Male	01-Dec-87	\$60,850.62
4644	Surgery	HO 3	Male	15-Jan-89	\$58,591.18
4645	Surgery	HO 4	Male	21-Jan-83	\$60,850.62
4646	Surgery	HO 5	Female	29-May-85	\$63,424.25
5846	Obstetrics and Gynecology	HO 4	Female	11-Aug-87	\$60,850.62
5848	Obstetrics and Gynecology	HO 4	Female	16-Nov-89	\$60,850.62
5849	Obstetrics and Gynecology	HO 4	Female	12-Aug-86	\$60,850.62
5850	Obstetrics and Gynecology - Baton Rouge	HO 4	Female	24-Mar-91	\$60,850.62
5851	Obstetrics and Gynecology - Baton Rouge	HO 4	Female	04-Mar-89	\$60,850.62
5852	Obstetrics and Gynecology - Baton Rouge	HO 4	Female	22-Sep-88	\$60,850.62
5853	Obstetrics and Gynecology - Baton Rouge	HO 4	Female	10-Mar-91	\$60,850.62
5855	OLOL - Psychiatry	HO 4	Female	11-Dec-87	\$60,850.62
5856	OLOL - Psychiatry	HO 4	Male	05-Aug-89	\$60,850.62
5858	OLOL - Psychiatry	HO 4	Male	12-Nov-87	\$60,850.62
5859	OLOL - Psychiatry	HO 4	Male	27-Mar-90	\$60,850.62
5860	Orthopaedic Surgery	HO 4	Male	01-Oct-90	\$60,850.62
5861	Orthopaedic Surgery	HO 4	Male	17-Feb-90	\$60,850.62
5862	Orthopaedic Surgery	HO 4	Female	19-Aug-91	\$60,850.62
5863	Orthopaedic Surgery	HO 4	Female	30-May-90	\$60,850.62

RecordID	Program		HO Level	Gender	Birthdate	Income
5864	Otolaryngology		HO 4	Female	14-Jul-90	\$60,850.62
5865	Otolaryngology		HO 4	Male	25-Jul-91	\$60,850.62
5866	Otolaryngology		HO 4	Female	30-Jan-89	\$60,850.62
5881	Pediatrics/Emergency Medicine		HO 4	Female	11-Apr-90	\$60,850.62
5882	Pediatrics/Emergency Medicine		HO 4	Male	25-Aug-89	\$60,850.62
5883	Physical Medicine & Rehabilitation		HO 4	Female	31-Jan-91	\$60,850.62
5884	Physical Medicine & Rehabilitation		HO 4	Female	20-Sep-82	\$60,850.62
5889	Plastic Surgery - Integrated		HO 4	Male	12-Mar-87	\$60,850.62
5890	Plastic Surgery - Integrated		HO 4	Male	11-Apr-90	\$60,850.62
5893	Psychiatry		HO 4	Female	20-Sep-88	\$60,850.62
5894	Psychiatry		HO 4	Male	14-Jan-92	\$60,850.62
5895	Psychiatry		HO 4	Female	29-Apr-91	\$60,850.62
5897	Psychiatry		HO 4	Male	26-Sep-81	\$60,850.62
5898	Psychiatry		HO 4	Male	05-Apr-83	\$60,850.62
5899	Psychiatry		HO 4	Male	14-Nov-88	\$60,850.62
5901	Psychiatry		HO 4	Female	03-Oct-89	\$60,850.62
5902	Psychiatry		HO 4	Male	10-Dec-89	\$60,850.62
5903	Surgery - Vascular - Integrated		HO 4	Female	13-Jun-89	\$60,850.62
5904	Surgery - Vascular - Integrated		HO 4	Male	28-May-91	\$60,850.62
5922	Anesthesiology		HO 4	Male	01-Nov-87	\$60,850.62
5923	Anesthesiology		HO 4	Male	20-Aug-91	\$60,850.62
5924	Anesthesiology		HO 4	Male	08-Nov-89	\$60,850.62
5925	Anesthesiology		HO 4	Female	14-May-91	\$60,850.62
5926	Anesthesiology		HO 4	Male	08-Jan-85	\$60,850.62
5927	Anesthesiology		HO 4	Male	03-Apr-87	\$60,850.62
5929	Pathology		HO 4	Male	03-Sep-88	\$60,850.62
5930	Pathology		HO 4	Male	01-Jun-83	\$60,850.62
5931	Pathology		HO 4	Female	23-Jun-80	\$60,850.62
5932	Internal Medicine / Pediatrics		HO 4	Male	14-Sep-88	\$60,850.62
5933	Internal Medicine / Pediatrics		HO 4	Female	05-Mar-90	\$60,850.62
5934	Internal Medicine / Pediatrics		HO 4	Male	23-Apr-90	\$60,850.62
5937	Internal Medicine / Pediatrics		HO 4	Male	16-Aug-88	\$60,850.62
5938	Surgery		HO 4	Male	06-Feb-90	\$60,850.62

RecordID	Program	HO Level	Gender	Birthdate	Income
5939	Surgery	HO 3	Male	25-Jun-89	\$58,591.18
5940	Surgery	HO 4	Male	13-Aug-89	\$60,850.62
5942	Surgery	HO 4	Male	07-May-89	\$60,850.62
5943	Surgery	HO 3	Female	25-Mar-88	\$58,591.18
5944	Surgery	HO 4	Male	15-May-91	\$60,850.62
5945	Surgery	HO 4	Male	02-Jun-86	\$60,850.62
5946	Surgery	HO 4	Male	31-Dec-90	\$60,850.62
5947	Surgery	HO 4	Female	16-Jul-85	\$60,850.62
6188	Child Neurology	HO 4	Female	04-Nov-90	\$60,850.62
5960	Radiology Diagnostic	HO 4	Male	25-Feb-88	\$60,850.62
6209	Pathology	HO 4	Female	12-Oct-90	\$60,850.62
5954	Radiology Interventional	HO 4	Male	26-Nov-89	\$60,850.62
6672	Radiology Diagnostic	HO 4	Female	11-Sep-91	\$60,850.62
6673	Radiology Diagnostic	HO 4	Female	01-Aug-90	\$60,850.62
5964	Dermatology	HO 4	Female	17-Jan-91	\$60,850.62
5976	Dermatology	HO 4	Male	01-Apr-90	\$60,850.62
4122	Female Pelvic Medicine & Reconstructive Surgery	HO 10	Female	03-Jan-85	\$66,173.68
6905	Medicine - Pulmonary	HO 10	Female	04-Feb-87	\$66,173.68
6906	Medicine - Pulmonary	HO 10	Male	28-Jan-85	\$66,173.68
6907	Medicine - Pulmonary	HO 10	Male	26-Jun-88	\$66,173.68
5776	Oral & Maxillofacial Surgery	HO 2	Male	02-Sep-90	\$56,652.73
4760	Medicine - Pulmonary	HO 10	Male	21-Jun-83	\$66,173.68
4107	Medicine - Pulmonary	HO 10	Male	06-Feb-87	\$66,173.68
5955	Ophthalmology	HO 4	Male	12-Feb-89	\$60,850.62
7104	Plastic Surgery	HO 7	Female	22-Nov-83	\$66,173.68
7315	Internal Medicine - Baton Rouge	HO 3	Male	21-Jan-89	\$58,591.18
7329	Internal Medicine - Baton Rouge	HO 3	Female	01-Mar-92	\$58,591.18
7330	Internal Medicine - Baton Rouge	HO 3	Female	27-Aug-92	\$58,591.18
7366	Medicine - Hematology and Oncology	HO 10	Male	02-Nov-82	\$66,173.68
7002	Dermatology	HO 4	Male	26-Mar-86	\$60,850.62
5948	Surgery	HO 3	Female	24-Feb-91	\$58,591.18
7398	Dermatology	HO 4	Female	23-Jan-91	\$60,850.62
7103	Urology	HO 3	Male	26-May-89	\$58,591.18

RecordID	Program	HO Level	Gender	Birthdate	Income
7102	Urology	HO 3	Female	22-Feb-91	\$58,591.18
9972	Medicine - Infectious Disease	HO 9	Male	15-Nov-87	\$63,424.25
10038	Medicine - Pulmonary	HO 9	Male	20-May-89	\$63,424.25
10237	Medicine - Pulmonary	HO 9	Female	17-Mar-90	\$63,424.25
10238	Medicine - Pulmonary	HO 9	Female	15-Jul-86	\$63,424.25
10797	Medicine - Pulmonary	HO 9	Male	06-Jul-89	\$63,424.25
10830	Medicine - Nephrology	HO 9	Female	03-Jul-87	\$63,424.25
6940	Oral & Maxillofacial Surgery	HO 1	Male	11-Sep-87	\$54,815.24
5952	Internal Medicine - Baton Rouge	HO 3	Male	02-Apr-91	\$58,591.18
11165	Internal Medicine - Baton Rouge	HO 2	Male	30-Nov-92	\$56,652.73
11200	Allergy & Immunology	HO 9	Female	22-Jun-88	\$63,424.25
11195	Medicine - Cardiology	HO 9	Male	15-Jun-85	\$63,424.25
11194	Medicine - Cardiology	HO 9	Male	29-Nov-89	\$63,424.25
11161	Internal Medicine - Baton Rouge	HO 2	Female	03-Dec-92	\$56,652.73
11162	Internal Medicine - Baton Rouge	HO 2	Male	26-Apr-93	\$56,652.73
11163	Internal Medicine - Baton Rouge	HO 2	Female	20-Jan-93	\$56,652.73
11164	Internal Medicine - Baton Rouge	HO 2	Male	27-Oct-92	\$56,652.73
4754	Medicine - Hematology and Oncology	HO 9	Female	09-May-86	\$63,424.25
4129	Medicine - Cardiology	HO 9	Male	03-Mar-83	\$63,424.25
5287	Pediatrics - Gastroenterology	HO 9	Female	22-Feb-88	\$63,424.25
11203	Pediatrics - Hematology/Oncology	HO 9	Female	28-Jul-89	\$63,424.25
11204	Pediatrics - Hematology/Oncology	HO 9	Female	27-Dec-88	\$63,424.25
11206	Medicine - Nephrology	HO 9	Male	20-Jan-82	\$63,424.25
5299	Medicine - Nephrology	HO 9	Male	03-Oct-89	\$63,424.25
11243	Ophthalmology - Retina (Non Accred)	HO 9	Female	05-Jun-84	\$66,173.68
11156	Internal Medicine - Baton Rouge	HO 2	Male	16-Apr-90	\$56,652.73
5302	Medicine - Nephrology	HO 9	Male	02-May-84	\$63,424.25
11207	Medicine - Gastroenterology	HO 9	Female	30-Mar-89	\$63,424.25
4761	Medicine - Gastroenterology	HO 9	Male	21-Dec-87	\$63,424.25
11208	Medicine - Rheumatology	HO 9	Female	29-Aug-86	\$63,424.25
4790	Medicine - Nephrology	HO 8	Male	25-Mar-88	\$60,850.62
4796	Neurosurgery	HO 6	Male	24-Mar-87	\$66,173.68
4798	Neurosurgery	HO 6	Female	27-Jan-85	\$66,173.68

RecordID	Program	HO Level	Gender	Birthdate	Income
4827	Plastic Surgery - Integrated	HO 6	Male	13-Jan-85	\$66,173.68
4828	Plastic Surgery - Integrated	HO 5	Female	25-Mar-88	\$63,424.25
5250	Neurosurgery	HO 5	Male	08-Oct-87	\$63,424.25
5262	Orthopaedic Surgery	HO 5	Male	23-Oct-89	\$63,424.25
5263	Orthopaedic Surgery	HO 5	Male	15-Apr-89	\$63,424.25
5264	Orthopaedic Surgery	HO 5	Male	10-Mar-78	\$63,424.25
5265	Orthopaedic Surgery	HO 5	Male	21-Aug-89	\$63,424.25
5275	Plastic Surgery - Integrated	HO 5	Male	29-Sep-88	\$63,424.25
5276	Surgery - Vascular - Integrated	HO 5	Female	22-May-87	\$63,424.25
5277	Surgery - Vascular - Integrated	HO 5	Male	14-Dec-88	\$63,424.25
5787	Plastic Surgery - Integrated	HO 6	Male	15-Aug-88	\$66,173.68
5918	Medicine - Cardiology	HO 8	Female	30-Apr-90	\$60,850.62
5290	Pediatrics - Neonatal-Perinatal	HO 9	Female	05-Oct-89	\$63,424.25
5292	Pediatrics - Neonatal-Perinatal	HO 9	Female	03-Aug-88	\$63,424.25
5312	Surgery	HO 5	Male	16-Jan-87	\$63,424.25
5313	Surgery	HO 5	Female	17-Jun-87	\$63,424.25
5314	Surgery	HO 5	Female	26-Oct-89	\$63,424.25
5315	Surgery	HO 3	Female	12-Nov-87	\$58,591.18
5316	Internal Medicine / Emergency Medicine	HO 5	Male	19-Nov-90	\$63,424.25
5323	Psychiatry - Consultation/Liaison	HO 8	Female	29-Aug-83	\$63,424.25
5384	Otolaryngology	HO 5	Male	19-Apr-88	\$63,424.25
5385	Otolaryngology	HO 5	Male	07-Jan-88	\$63,424.25
5386	Otolaryngology	HO 5	Male	22-Jan-88	\$63,424.25
5405	Child Neurology	HO 5	Female	17-Jul-89	\$63,424.25
5869	Pediatrics - Hematology/Oncology	HO 8	Female	18-Jul-81	\$60,850.62
5878	Allergy & Immunology	HO 8	Female	30-Aug-89	\$60,850.62
6936	Pediatrics - Endocrinology	HO 10	Female	21-Dec-83	\$66,173.68
5970	Medicine - Cardiology	HO 8	Female	13-Feb-91	\$60,850.62
6607	Medicine - Cardiology	HO 10	Male	07-Dec-87	\$66,173.68
6608	Medicine - Cardiology	HO 10	Male	09-Oct-83	\$66,173.68
14101	Radiology Diagnostic	HO 2	Male	25-Jun-86	\$56,652.73
14097	Radiology Diagnostic	HO 2	Male	22-Oct-87	\$56,652.73
14098	Radiology Diagnostic	HO 2	Male	06-Oct-92	\$56,652.73

RecordID	Program	HO Level	Gender	Birthdate	Income
14099	Radiology Diagnostic	HO 2	Male	04-May-87	\$56,652.73
14361	Medicine - Interventional Cardiology	HO 10	Male	09-Feb-82	\$66,173.68
14102	Radiology Diagnostic	HO 2	Female	17-Apr-90	\$56,652.73
14229	Medicine - Pulmonary	HO 8	Male	22-Jan-90	\$60,850.62
14231	Medicine - Pulmonary	HO 8	Female	13-Apr-83	\$60,850.62
14232	Medicine - Pulmonary	HO 8	Female	09-Aug-90	\$60,850.62
14230	Medicine - Pulmonary	HO 8	Female	01-Jul-91	\$60,850.62
11033	Dermatology	HO 2	Female	04-Jun-93	\$56,652.73
6937	Pediatrics - Neonatal-Perinatal	HO 10	Male	09-Jul-84	\$66,173.68
6941	Oral & Maxillofacial Surgery	HO 2	Male	21-Sep-89	\$56,652.73
6943	Pediatrics - Cardiology	HO 10	Female	04-Sep-89	\$66,173.68
6945	Pediatrics - Gastroenterology	HO 10	Female	21-Nov-85	\$66,173.68
7136	Medicine - Gastroenterology	HO 10	Male	05-Apr-87	\$66,173.68
6946	Pediatrics - Hematology/Oncology	HO 10	Female	26-Apr-88	\$66,173.68
7035	Oral & Maxillofacial Surgery	HO 2	Female	02-Oct-91	\$56,652.73
7068	Oral & Maxillofacial Surgery	HO 2	Male	18-Nov-89	\$56,652.73
7101	Dermatology	HO 4	Female	10-Dec-90	\$60,850.62
7138	Anesthesiology	HO 3	Male	07-Nov-89	\$58,591.18
7139	Anesthesiology	HO 3	Male	02-Oct-91	\$58,591.18
7140	Anesthesiology	HO 3	Male	08-Dec-86	\$58,591.18
7141	Anesthesiology	HO 3	Female	21-Mar-86	\$58,591.18
7142	Anesthesiology	HO 3	Male	19-Apr-86	\$58,591.18
7143	Anesthesiology	HO 3	Male	19-Jan-90	\$58,591.18
7145	Emergency Medicine	HO 3	Male	25-Dec-81	\$58,591.18
7146	Emergency Medicine	HO 3	Female	13-Apr-90	\$58,591.18
7147	Emergency Medicine	HO 3	Female	20-Mar-90	\$58,591.18
7148	Emergency Medicine	HO 3	Female	21-Apr-88	\$58,591.18
7149	Emergency Medicine	HO 3	Female	25-Apr-91	\$58,591.18
7150	Emergency Medicine	HO 3	Female	15-Aug-87	\$58,591.18
7151	Emergency Medicine	HO 3	Male	05-Jan-90	\$58,591.18
7152	Emergency Medicine	HO 3	Male	22-Jul-85	\$58,591.18
7153	Emergency Medicine	HO 3	Male	14-Oct-86	\$58,591.18
7155	Emergency Medicine	HO 3	Male	03-Jul-92	\$58,591.18



RecordID	Program	HO Level	Gender	Birthdate	Income
7156	Emergency Medicine	HO 3	Male	18-Aug-80	\$0.00
7157	Emergency Medicine - Baton Rouge	HO 3	Male	13-Feb-89	\$58,591.18
7158	Emergency Medicine - Baton Rouge	HO 3	Female	29-Jul-91	\$58,591.18
7159	Emergency Medicine - Baton Rouge	HO 3	Female	11-Jul-92	\$58,591.18
7160	Emergency Medicine - Baton Rouge	HO 3	Female	26-Aug-91	\$58,591.18
7161	Emergency Medicine - Baton Rouge	HO 3	Male	20-Nov-90	\$58,591.18
7162	Emergency Medicine - Baton Rouge	HO 3	Male	03-Mar-91	\$58,591.18
7164	Emergency Medicine - Baton Rouge	HO 3	Female	03-Jan-92	\$58,591.18
7165	Emergency Medicine - Baton Rouge	HO 3	Male	29-Jan-92	\$58,591.18
7166	Emergency Medicine - Baton Rouge	HO 3	Male	08-Aug-91	\$58,591.18
7167	Emergency Medicine - Baton Rouge	HO 3	Male	13-Feb-91	\$58,591.18
7168	Emergency Medicine - Baton Rouge	HO 3	Male	12-Apr-83	\$58,591.18
7169	Family Medicine - Bogalusa	HO 3	Male	15-Mar-88	\$58,591.18
7170	Family Medicine - Bogalusa	HO 3	Female	11-Mar-91	\$58,591.18
7171	Family Medicine - Bogalusa	HO 3	Female	26-Jul-82	\$58,591.18
7173	Family Medicine - Bogalusa	HO 3	Female	09-Jan-91	\$58,591.18
7174	Family Medicine - Bogalusa	HO 3	Male	02-Dec-84	\$58,591.18
7175	Family Medicine - Kenner	HO 3	Female	08-Oct-89	\$58,591.18
7176	Family Medicine - Kenner	HO 3	Female	16-Dec-87	\$58,591.18
7177	Family Medicine - Kenner	HO 3	Female	19-Oct-87	\$58,591.18
7178	Family Medicine - Kenner	HO 3	Male	15-Jun-87	\$58,591.18
7179	Family Medicine - Kenner	HO 3	Male	15-Sep-82	\$58,591.18
7180	Family Medicine - Kenner	HO 3	Male	13-Feb-85	\$58,591.18
7185	Family Medicine - Lake Charles	HO 3	Female	25-Jun-92	\$58,591.18
7209	Medicine - Internal Medicine	HO 2	Male	07-Nov-79	\$56,652.73
7181	Family Medicine - Lake Charles	HO 3	Male	20-Mar-87	\$58,591.18
7182	Family Medicine - Lake Charles	HO 3	Female	25-Jan-91	\$58,591.18
7183	Family Medicine - Lake Charles	HO 3	Male	04-Apr-89	\$58,591.18
7184	Family Medicine - Lake Charles	HO 3	Male	28-Jun-91	\$58,591.18
7196	Internal Medicine / Pediatrics	HO 3	Female	20-Apr-87	\$58,591.18
7187	Family Medicine - Lake Charles	HO 3	Female	12-Oct-90	\$58,591.18
7188	Family Medicine - Lake Charles	HO 3	Female	13-Jan-89	\$58,591.18
7189	Internal Medicine / Emergency Medicine	HO 3	Male	08-Jul-91	\$58,591.18

RecordID	Program	HO Level	Gender	Birthdate	Income
7190	Internal Medicine / Emergency Medicine	HO 3	Female	22-Mar-92	\$58,591.18
7197	Medicine - Internal Medicine	HO 3	Male	24-Dec-90	\$58,591.18
7198	Radiology Interventional	HO 3	Male	19-May-92	\$58,591.18
7199	Medicine - Internal Medicine	HO 3	Female	11-Sep-91	\$58,591.18
7200	Medicine - Internal Medicine	HO 3	Male	12-Oct-89	\$58,591.18
7201	Medicine - Internal Medicine	HO 3	Male	09-Jun-92	\$58,591.18
7203	Medicine - Internal Medicine	HO 3	Male	12-Oct-91	\$58,591.18
7206	Medicine - Internal Medicine	HO 3	Male	09-Jun-92	\$58,591.18
7208	Medicine - Internal Medicine	HO 3	Male	27-Dec-91	\$58,591.18
7210	Medicine - Internal Medicine	HO 3	Female	05-Jul-86	\$58,591.18
7211	Medicine - Internal Medicine	HO 3	Male	31-Jul-90	\$58,591.18
7215	Medicine - Internal Medicine	HO 3	Female	27-Mar-89	\$58,591.18
7194	Internal Medicine / Pediatrics	HO 3	Female	09-Oct-88	\$58,591.18
7193	Internal Medicine / Pediatrics	HO 3	Female	02-Sep-88	\$58,591.18
7192	Internal Medicine / Pediatrics	HO 3	Female	03-Sep-90	\$58,591.18
7234	OLOL - Psychiatry	HO 3	Female	13-Oct-91	\$58,591.18
7233	OLOL - Psychiatry	HO 3	Male	22-Jun-87	\$58,591.18
7216	Medicine - Internal Medicine	HO 3	Female	03-Apr-86	\$58,591.18
7217	Neurology	HO 3	Male	24-Jan-92	\$58,591.18
7218	Neurology	HO 3	Male	26-Apr-90	\$58,591.18
7219	Neurology	HO 3	Male	29-Oct-87	\$58,591.18
7220	Neurology	HO 3	Female	03-Jul-73	\$58,591.18
7221	Neurosurgery	HO 3	Male	20-Dec-90	\$58,591.18
7222	Neurosurgery	HO 3	Female	08-Jun-92	\$58,591.18
7223	Obstetrics and Gynecology	HO 3	Female	29-Dec-89	\$58,591.18
7224	Obstetrics and Gynecology	HO 3	Female	14-May-89	\$58,591.18
7225	Obstetrics and Gynecology	HO 3	Female	02-Dec-91	\$58,591.18
7226	Obstetrics and Gynecology	HO 3	Female	05-Jul-93	\$58,591.18
7227	Obstetrics and Gynecology	HO 3	Female	21-Feb-91	\$58,591.18
7228	Obstetrics and Gynecology	HO 3	Female	11-Jun-91	\$58,591.18
7229	Obstetrics and Gynecology - Baton Rouge	HO 3	Female	07-Jun-90	\$58,591.18
7230	Obstetrics and Gynecology - Baton Rouge	HO 3	Female	15-Mar-90	\$58,591.18
7231	Obstetrics and Gynecology - Baton Rouge	HO 3	Female	01-Feb-92	\$58,591.18

RecordID	Program	HO Level	Gender	Birthdate	Income
7232	Obstetrics and Gynecology - Baton Rouge	HO 3	Female	08-May-90	\$58,591.18
7239	OLOL - Psychiatry	HO 3	Female	18-Sep-90	\$58,591.18
7253	Pediatrics	HO 3	Female	03-Nov-89	\$58,591.18
7236	OLOL - Psychiatry	HO 3	Female	28-Apr-92	\$58,591.18
7252	Pediatrics	HO 3	Female	01-Oct-90	\$58,591.18
7251	Pediatrics	HO 3	Female	22-Oct-83	\$58,591.18
7238	OLOL - Psychiatry	HO 3	Female	09-Aug-88	\$58,591.18
7235	OLOL - Psychiatry	HO 3	Male	10-Dec-89	\$58,591.18
7237	OLOL - Psychiatry	HO 3	Female	03-Jul-90	\$58,591.18
7247	Otolaryngology	HO 3	Male	02-Apr-92	\$58,591.18
7245	Otolaryngology	HO 3	Female	03-Nov-91	\$58,591.18
7244	Otolaryngology	HO 3	Female	03-May-91	\$58,591.18
7249	Pathology	HO 3	Female	03-Aug-81	\$58,591.18
7246	Otolaryngology	HO 3	Female	08-Nov-91	\$58,591.18
7248	Pathology	HO 3	Male	17-Jul-87	\$58,591.18
7250	Pathology	HO 3	Female	26-Jan-87	\$58,591.18
7240	Orthopaedic Surgery	HO 3	Male	05-Jul-89	\$58,591.18
7241	Orthopaedic Surgery	HO 3	Male	20-Aug-91	\$58,591.18
7242	Orthopaedic Surgery	HO 3	Female	09-May-90	\$58,591.18
7243	Orthopaedic Surgery	HO 3	Male	01-Oct-91	\$58,591.18
7255	Pediatrics	HO 3	Male	30-Aug-91	\$58,591.18
7267	Physical Medicine & Rehabilitation	HO 3	Male	30-Jul-92	\$58,591.18
7258	Pediatrics	HO 3	Female	19-Oct-91	\$58,591.18
7257	Pediatrics	HO 3	Female	25-May-91	\$58,591.18
7254	Pediatrics	HO 3	Female	18-Sep-91	\$58,591.18
7264	Pediatrics	HO 3	Male	17-Sep-89	\$58,591.18
7263	Pediatrics	HO 3	Male	17-May-90	\$58,591.18
7261	Pediatrics	HO 3	Female	29-Mar-90	\$58,591.18
7269	Physical Medicine & Rehabilitation	HO 3	Male	20-Jul-88	\$58,591.18
7271	Physical Medicine & Rehabilitation	HO 3	Male	15-Aug-91	\$58,591.18
7272	Physical Medicine & Rehabilitation	HO 3	Male	10-Oct-91	\$58,591.18
7275	Psychiatry	HO 3	Female	05-Oct-84	\$58,591.18
7276	Psychiatry	HO 3	Male	07-Feb-92	\$58,591.18

RecordID	Program	HO Level	Gender	Birthdate	Income
7277	Psychiatry	HO 3	Male	10-Sep-79	\$58,591.18
7278	Psychiatry	HO 3	Male	03-Dec-91	\$58,591.18
7279	Psychiatry	HO 3	Female	25-Oct-92	\$58,591.18
7280	Psychiatry	HO 3	Male	03-Nov-89	\$58,591.18
7281	Psychiatry	HO 3	Female	16-Apr-82	\$58,591.18
7262	Pediatrics	HO 3	Female	25-Jul-91	\$58,591.18
7259	Pediatrics	HO 3	Female	13-Feb-86	\$58,591.18
7265	Pediatrics	HO 3	Female	06-Mar-86	\$58,591.18
7260	Pediatrics	HO 3	Female	12-Feb-92	\$58,591.18
7256	Pediatrics	HO 3	Female	10-Jan-92	\$58,591.18
7273	Plastic Surgery - Integrated	HO 3	Female	15-Dec-89	\$58,591.18
7274	Plastic Surgery - Integrated	HO 3	Female	01-Nov-90	\$58,591.18
7296	Surgery - Vascular - Integrated	HO 3	Male	24-Sep-90	\$58,591.18
7295	Surgery - Vascular - Integrated	HO 3	Female	20-Mar-90	\$58,591.18
7282	Psychiatry	HO 3	Female	29-Jun-91	\$58,591.18
7283	Psychiatry	HO 3	Male	01-Apr-81	\$58,591.18
7284	Psychiatry	HO 3	Male	14-Apr-92	\$58,591.18
7285	Psychiatry	HO 3	Female	05-Mar-89	\$58,591.18
7287	Psychiatry	HO 3	Female	25-Mar-92	\$58,591.18
7288	UHC - Family Medicine	HO 3	Male	14-Nov-90	\$58,591.18
7289	UHC - Family Medicine	HO 3	Female	03-May-74	\$58,591.18
7290	UHC - Family Medicine	HO 3	Male	15-Aug-90	\$58,591.18
7291	UHC - Family Medicine	HO 3	Male	14-Jul-92	\$58,591.18
7292	UHC - Family Medicine	HO 3	Male	10-Apr-92	\$58,591.18
7293	UHC - Family Medicine	HO 3	Female	05-Mar-89	\$58,591.18
7294	UHC - Family Medicine	HO 3	Female	26-Nov-85	\$58,591.18
7297	Surgery	HO 3	Female	14-May-92	\$58,591.18
7299	Surgery	HO 2	Male	27-Dec-85	\$56,652.73
7300	Surgery	HO 3	Female	27-Oct-88	\$58,591.18
7301	Surgery	HO 3	Female	21-Mar-92	\$58,591.18
7302	Surgery	HO 3	Male	19-Aug-90	\$58,591.18
7322	UHC - Internal Medicine	HO 3	Male	01-Apr-91	\$58,591.18
7319	Internal Medicine - Baton Rouge	HO 3	Male	20-Dec-90	\$58,591.18

RecordID	Program	HO Level	Gender	Birthdate	Income
7316	Internal Medicine - Baton Rouge	HO 3	Male	10-Oct-89	\$58,591.18
11054	OLOL - Psychiatry	HO 2	Female	30-Jul-88	\$56,652.73
11071	Pediatrics	HO 2	Female	20-Mar-93	\$56,652.73
11074	Pediatrics	HO 2	Female	14-Mar-88	\$56,652.73
11073	Pediatrics	HO 2	Female	28-Jan-92	\$56,652.73
11067	Pediatrics	HO 2	Male	15-Aug-93	\$56,652.73
11072	Pediatrics	HO 2	Male	29-Sep-92	\$56,652.73
11068	Pediatrics	HO 2	Female	25-Dec-89	\$56,652.73
11075	Pediatrics	HO 2	Female	18-Feb-92	\$56,652.73
11053	OLOL - Psychiatry	HO 2	Male	04-Jul-85	\$56,652.73
11060	Otolaryngology	HO 2	Female	19-Dec-90	\$56,652.73
11055	OLOL - Psychiatry	HO 2	Female	09-Apr-92	\$56,652.73
11056	Orthopaedic Surgery	HO 2	Male	20-Jul-92	\$56,652.73
11057	Orthopaedic Surgery	HO 2	Male	06-Nov-92	\$56,652.73
11058	Orthopaedic Surgery	HO 2	Male	26-Jan-93	\$56,652.73
11059	Orthopaedic Surgery	HO 2	Male	15-Jun-93	\$56,652.73
11065	Pathology	HO 2	Male	16-Jan-89	\$56,652.73
11076	Pediatrics	HO 2	Female	08-May-90	\$56,652.73
11077	Pediatrics	HO 2	Male	21-Nov-91	\$56,652.73
11070	Pediatrics	HO 2	Female	07-May-89	\$56,652.73
11078	Pediatrics	HO 2	Female	01-Dec-92	\$56,652.73
11079	Pediatrics	HO 2	Female	12-May-93	\$56,652.73
11061	Otolaryngology	HO 2	Female	05-May-92	\$56,652.73
11063	Otolaryngology	HO 2	Male	25-Jun-90	\$56,652.73
11062	Otolaryngology	HO 2	Female	01-Dec-92	\$56,652.73
11092	Plastic Surgery - Integrated	HO 2	Male	19-Feb-90	\$56,652.73
11106	Surgery	HO 2	Male	28-Dec-92	\$56,652.73
11084	Emergency Medicine	HO 1	Male	30-Dec-86	\$54,815.24
11082	Pediatrics/Emergency Medicine	HO 2	Female	21-Jul-90	\$56,652.73
11086	Physical Medicine & Rehabilitation	HO 2	Female	10-Nov-85	\$56,652.73
11087	Physical Medicine & Rehabilitation	HO 2	Male	22-Jan-85	\$56,652.73
11088	Physical Medicine & Rehabilitation	HO 2	Male	17-Sep-91	\$56,652.73
11089	Physical Medicine & Rehabilitation	HO 2	Male	28-Dec-92	\$56,652.73

RecordID	Program	HO Level	Gender	Birthdate	Income
11090	Physical Medicine & Rehabilitation	HO 2	Male	10-Jun-89	\$56,652.73
7317	Internal Medicine - Baton Rouge	HO 3	Female	12-Oct-90	\$58,591.18
7318	Internal Medicine - Baton Rouge	HO 3	Male	02-Feb-91	\$58,591.18
7321	UHC - Internal Medicine	HO 2	Male	03-Sep-88	\$56,652.73
7303	Surgery	HO 3	Female	04-Dec-90	\$58,591.18
7304	Surgery	HO 2	Male	04-Mar-92	\$56,652.73
7305	Physical Medicine & Rehabilitation	HO 2	Male	19-Feb-85	\$56,652.73
7309	Surgery	HO 3	Male	12-Sep-92	\$58,591.18
7310	Surgery	HO 3	Male	23-Sep-86	\$58,591.18
7311	Surgery	HO 3	Male	22-Oct-89	\$58,591.18
7312	Surgery	HO 3	Male	22-Apr-91	\$58,591.18
7324	UHC - Internal Medicine	HO 3	Male	01-Oct-92	\$58,591.18
7326	UHC - Internal Medicine	HO 3	Male	21-Nov-89	\$58,591.18
7327	UHC - Internal Medicine	HO 3	Female	26-Jun-90	\$58,591.18
7325	UHC - Internal Medicine	HO 3	Female	08-Apr-90	\$58,591.18
7323	UHC - Internal Medicine	HO 3	Male	12-Aug-92	\$58,591.18
7335	Internal Medicine - Baton Rouge	HO 3	Male	27-Nov-86	\$58,591.18
7794	Surgery	HO 5	Male	28-Nov-86	\$63,424.25
10203	Child Psychiatry	HO 5	Female	22-Jan-85	\$63,424.25
7332	Internal Medicine - Baton Rouge	HO 3	Male	04-Jun-92	\$58,591.18
7333	Internal Medicine - Baton Rouge	HO 3	Male	04-Jun-91	\$58,591.18
7334	Internal Medicine - Baton Rouge	HO 3	Male	11-Sep-86	\$58,591.18
7328	UHC - Internal Medicine	HO 3	Male	04-May-87	\$58,591.18
10137	Radiology Interventional	HO 3	Male	10-Feb-89	\$58,591.18
10205	Child Psychiatry	HO 5	Male	14-Feb-88	\$63,424.25
10204	Child Psychiatry	HO 5	Female	21-Sep-73	\$63,424.25
10732	Urology	HO 2	Male	30-Dec-90	\$56,652.73
10536	Dermatology	HO 3	Male	03-Mar-90	\$58,591.18
10537	Dermatology	HO 3	Male	01-Feb-75	\$58,591.18
10566	Dermatology	HO 3	Male	02-Jan-88	\$58,591.18
10567	Dermatology	HO 3	Female	15-Sep-91	\$58,591.18
10863	Oral & Maxillofacial Surgery	HO 1	Male	09-Nov-92	\$54,815.24
10864	Oral & Maxillofacial Surgery	HO 1	Female	03-Oct-92	\$54,815.24

RecordID	Program	HO Level	Gender	Birthdate	Income
10865	Oral & Maxillofacial Surgery	HO 1	Female	07-Nov-90	\$54,815.24
10962	Anesthesiology	HO 2	Female	18-Mar-90	\$56,652.73
10963	Anesthesiology	HO 3	Male	12-Dec-89	\$0.00
10964	Anesthesiology	HO 2	Male	05-Oct-90	\$56,652.73
10965	Anesthesiology	HO 2	Male	06-Apr-93	\$56,652.73
10966	Anesthesiology	HO 2	Male	01-Jul-92	\$56,652.73
10967	Anesthesiology	HO 2	Male	14-Apr-89	\$56,652.73
10968	Anesthesiology	HO 2	Female	06-Sep-92	\$56,652.73
10969	Emergency Medicine	HO 2	Female	14-Oct-93	\$56,652.73
10970	Emergency Medicine	HO 2	Female	23-Mar-87	\$56,652.73
10981	Emergency Medicine - Baton Rouge	HO 2	Female	04-Feb-93	\$56,652.73
10971	Emergency Medicine	HO 2	Female	03-Oct-91	\$56,652.73
10973	Emergency Medicine	HO 2	Female	12-Jul-92	\$56,652.73
10972	Emergency Medicine	HO 2	Male	03-Oct-88	\$56,652.73
10974	Emergency Medicine	HO 2	Female	20-May-89	\$56,652.73
10975	Emergency Medicine	HO 2	Female	22-Dec-91	\$56,652.73
10976	Emergency Medicine	HO 2	Male	24-Feb-88	\$56,652.73
10977	Emergency Medicine	HO 2	Female	30-Oct-91	\$56,652.73
10978	Emergency Medicine	HO 2	Male	22-Aug-90	\$56,652.73
10979	Emergency Medicine	HO 2	Male	28-May-93	\$56,652.73
10980	Emergency Medicine	HO 2	Female	18-Feb-93	\$56,652.73
10982	Emergency Medicine - Baton Rouge	HO 2	Female	02-Apr-93	\$56,652.73
10983	Emergency Medicine - Baton Rouge	HO 2	Male	12-Jul-91	\$56,652.73
10984	Emergency Medicine - Baton Rouge	HO 2	Male	05-Sep-84	\$56,652.73
10985	Emergency Medicine - Baton Rouge	HO 2	Male	09-Aug-84	\$56,652.73
10986	Emergency Medicine - Baton Rouge	HO 2	Female	21-Feb-92	\$56,652.73
10987	Emergency Medicine - Baton Rouge	HO 2	Male	30-Aug-91	\$56,652.73
10988	Emergency Medicine - Baton Rouge	HO 2	Female	20-Mar-88	\$56,652.73
10989	Emergency Medicine - Baton Rouge	HO 2	Male	09-Jan-85	\$56,652.73
10990	Emergency Medicine - Baton Rouge	HO 2	Male	14-Aug-85	\$56,652.73
10991	Emergency Medicine - Baton Rouge	HO 2	Male	06-Sep-90	\$56,652.73
10992	Emergency Medicine - Baton Rouge	HO 2	Female	27-May-90	\$56,652.73
10993	Family Medicine - Bogalusa	HO 2	Female	07-Nov-93	\$56,652.73

RecordID	Program	HO Level	Gender	Birthdate	Income
10994	Family Medicine - Bogalusa	HO 2	Female	13-Sep-91	\$56,652.73
10995	Family Medicine - Bogalusa	HO 2	Male	27-Aug-91	\$56,652.73
10996	Family Medicine - Bogalusa	HO 2	Male	28-Nov-78	\$56,652.73
10997	Family Medicine - Bogalusa	HO 2	Male	29-Apr-90	\$56,652.73
10998	Family Medicine - Bogalusa	HO 2	Female	19-Jan-92	\$56,652.73
11000	Family Medicine - Kenner	HO 2	Male	18-Dec-90	\$56,652.73
11001	Family Medicine - Kenner	HO 2	Male	09-Aug-93	\$56,652.73
11002	Family Medicine - Kenner	HO 2	Female	18-Sep-91	\$56,652.73
11003	Family Medicine - Kenner	HO 2	Male	05-Apr-91	\$56,652.73
11004	Family Medicine - Kenner	HO 2	Female	21-Apr-93	\$56,652.73
11005	Internal Medicine / Emergency Medicine	HO 2	Male	08-May-81	\$56,652.73
11006	Internal Medicine / Emergency Medicine	HO 2	Male	01-Sep-92	\$56,652.73
11007	Internal Medicine / Pediatrics	HO 2	Female	05-Sep-92	\$56,652.73
11034	Neurology	HO 2	Female	10-Oct-83	\$56,652.73
11036	Neurology	HO 2	Male	11-May-87	\$56,652.73
11037	Neurology	HO 2	Male	22-Jan-91	\$56,652.73
11038	Neurosurgery	HO 2	Male	24-Oct-91	\$56,652.73
11017	Medicine - Internal Medicine	HO 2	Male	23-Jan-94	\$56,652.73
11026	Medicine - Internal Medicine	HO 2	Male	19-Aug-92	\$56,652.73
11025	Medicine - Internal Medicine	HO 2	Male	01-Jul-80	\$56,652.73
11015	Medicine - Internal Medicine	HO 2	Female	11-May-91	\$56,652.73
11013	Medicine - Internal Medicine	HO 2	Female	13-Jul-93	\$56,652.73
11020	Medicine - Internal Medicine	HO 2	Male	28-Mar-92	\$56,652.73
11019	Medicine - Internal Medicine	HO 2	Male	01-Nov-90	\$56,652.73
11016	Medicine - Internal Medicine	HO 2	Female	08-Aug-91	\$56,652.73
11024	Medicine - Internal Medicine	HO 2	Male	29-Nov-87	\$56,652.73
11008	Internal Medicine / Pediatrics	HO 2	Female	29-Apr-93	\$56,652.73
11009	Internal Medicine / Pediatrics	HO 2	Female	17-May-92	\$56,652.73
11012	Internal Medicine / Pediatrics	HO 2	Female	09-Jul-90	\$56,652.73
11041	Obstetrics and Gynecology	HO 2	Female	07-Jan-92	\$56,652.73
11040	Obstetrics and Gynecology	HO 2	Female	16-Aug-92	\$56,652.73
11044	Obstetrics and Gynecology	HO 2	Male	10-Mar-89	\$56,652.73
11052	OLOL - Psychiatry	HO 2	Female	09-Nov-90	\$56,652.73



RecordID	Program	HO Level	Gender	Birthdate	Income
11039	Obstetrics and Gynecology	HO 2	Female	26-Apr-91	\$56,652.73
11042	Obstetrics and Gynecology	HO 2	Male	05-Jun-93	\$56,652.73
11043	Obstetrics and Gynecology	HO 2	Female	13-Dec-88	\$56,652.73
11045	Obstetrics and Gynecology - Baton Rouge	HO 2	Female	10-Nov-90	\$56,652.73
11046	Obstetrics and Gynecology - Baton Rouge	HO 2	Female	19-May-93	\$56,652.73
11047	Obstetrics and Gynecology - Baton Rouge	HO 2	Female	14-Aug-93	\$56,652.73
11049	OLOL - Psychiatry	HO 2	Male	18-May-93	\$56,652.73
11050	OLOL - Psychiatry	HO 2	Female	17-Mar-91	\$56,652.73
11051	OLOL - Psychiatry	HO 2	Female	13-May-93	\$56,652.73
11093	Psychiatry	HO 2	Female	30-Oct-90	\$56,652.73
11094	Psychiatry	HO 2	Female	30-Nov-89	\$56,652.73
11095	Psychiatry	HO 2	Male	21-Apr-88	\$56,652.73
11096	Psychiatry	HO 2	Male	01-Oct-91	\$56,652.73
11097	Psychiatry	HO 2	Male	28-Feb-87	\$56,652.73
11098	Psychiatry	HO 2	Male	06-Feb-91	\$56,652.73
11099	Psychiatry	HO 2	Female	11-Dec-90	\$56,652.73
11100	Psychiatry	HO 2	Male	22-May-92	\$56,652.73
11101	Psychiatry	HO 2	Male	02-Jul-88	\$56,652.73
11102	Psychiatry	HO 2	Male	09-Nov-90	\$56,652.73
11103	Psychiatry	HO 2	Female	09-Oct-92	\$56,652.73
15032	OLOL - Psychiatry	HO 1	Male	13-May-93	\$54,815.24
15033	OLOL - Psychiatry	HO 1	Male	28-Aug-92	\$54,815.24
15035	Otolaryngology	HO 1	Female	24-May-93	\$54,815.24
15040	Orthopaedic Surgery	HO 1	Male	05-Nov-93	\$54,815.24
15022	Obstetrics and Gynecology	HO 1	Female	28-Mar-91	\$54,815.24
15018	Obstetrics and Gynecology	HO 1	Female	19-Oct-91	\$54,815.24
15020	Obstetrics and Gynecology	HO 1	Female	02-Jan-93	\$54,815.24
15039	Orthopaedic Surgery	HO 1	Male	23-Jun-92	\$54,815.24
15014	Neurology	HO 2	Male	20-Jun-90	\$56,652.73
15019	Obstetrics and Gynecology	HO 1	Female	28-Dec-90	\$54,815.24
15048	Pediatrics	HO 1	Female	21-Aug-94	\$54,815.24
15064	Plastic Surgery - Integrated	HO 1	Male	17-Sep-91	\$54,815.24
15053	Pediatrics	HO 1	Male	02-Apr-94	\$54,815.24

RecordID	Program	HO Level	Gender	Birthdate	Income
15041	Orthopaedic Surgery	HO 1	Male	14-Jul-94	\$54,815.24
15042	Orthopaedic Surgery	HO 1	Male	29-Feb-92	\$54,815.24
15062	Pediatrics/Emergency Medicine	HO 1	Female	01-Jul-92	\$54,815.24
15065	Psychiatry	HO 1	Female	26-Nov-88	\$54,815.24
15051	Pediatrics	HO 1	Female	23-May-92	\$54,815.24
15054	Pediatrics	HO 1	Female	07-Dec-93	\$54,815.24
15059	Pediatrics	HO 1	Female	26-Mar-92	\$54,815.24
15060	Pediatrics	HO 1	Male	09-Aug-92	\$54,815.24
15047	Pediatrics	HO 1	Female	08-Jan-92	\$54,815.24
15061	Pediatrics	HO 1	Female	20-Apr-94	\$54,815.24
15068	Psychiatry	HO 1	Female	15-Feb-90	\$54,815.24
15067	Psychiatry	HO 1	Male	31-May-92	\$54,815.24
15074	Psychiatry	HO 1	Male	30-Dec-87	\$54,815.24
15076	Psychiatry	HO 1	Female	13-Apr-90	\$54,815.24
15078	Surgery	HO 1	Male	18-May-94	\$54,815.24
15084	Surgery	HO 1	Male	02-Apr-89	\$54,815.24
15087	Surgery	HO 1	Female	21-Jul-93	\$54,815.24
14974	Family Medicine - Bogalusa	HO 1	Male	06-Jun-83	\$54,815.24
15089	Surgery	HO 1	Male	17-Sep-91	\$54,815.24
15097	Surgery	HO 1	Female	09-Nov-94	\$54,815.24
15075	Psychiatry	HO 1	Female	21-Dec-85	\$54,815.24
15091	Surgery	HO 1	Male	29-Dec-92	\$54,815.24
15073	Psychiatry	HO 1	Male	06-Nov-87	\$54,815.24
15086	Surgery	HO 1	Female	23-Feb-92	\$54,815.24
15081	Surgery	HO 1	Female	20-Jan-94	\$54,815.24
15085	Surgery	HO 1	Female	07-Aug-93	\$54,815.24
15072	Psychiatry	HO 1	Female	08-Jun-94	\$54,815.24
15082	Surgery	HO 1	Female	04-Jul-94	\$54,815.24
15108	UHC - Family Medicine	HO 1	Female	15-Mar-90	\$54,815.24
15107	UHC - Family Medicine	HO 1	Female	25-Jan-83	\$54,815.24
15103	Physical Medicine & Rehabilitation	HO 1	Male	28-Feb-89	\$54,815.24
15102	Physical Medicine & Rehabilitation	HO 1	Female	11-Sep-92	\$54,815.24
15104	Physical Medicine & Rehabilitation	HO 1	Male	09-Nov-92	\$54,815.24

RecordID	Program	HO Level	Gender	Birthdate	Income
15109	UHC - Family Medicine	HO 1	Female	20-Dec-91	\$54,815.24
11104	Psychiatry	HO 2	Male	01-Sep-88	\$56,652.73
15149	UHC - Internal Medicine	HO 1	Female	22-Apr-89	\$54,815.24
11113	Surgery	HO 2	Female	24-Nov-92	\$56,652.73
11119	Internal Medicine - Baton Rouge	HO 1	Male	17-Aug-92	\$54,815.24
11124	Surgery - Vascular - Integrated	HO 2	Male	24-Oct-92	\$56,652.73
11123	Surgery - Vascular - Integrated	HO 2	Female	09-Oct-92	\$56,652.73
11112	Surgery	HO 2	Female	09-Oct-91	\$56,652.73
11107	Surgery	HO 2	Female	17-May-94	\$56,652.73
11108	Surgery	HO 2	Female	15-Sep-92	\$56,652.73
11117	Radiology Interventional	HO 2	Female	24-Sep-85	\$56,652.73
11109	Surgery	HO 2	Female	15-Dec-92	\$56,652.73
11125	UHC - Family Medicine	HO 2	Female	10-Jan-91	\$56,652.73
11126	UHC - Family Medicine	HO 1	Male	07-Oct-85	\$54,815.24
11127	UHC - Family Medicine	HO 2	Female	28-Aug-87	\$56,652.73
11128	UHC - Family Medicine	HO 2	Female	08-Dec-81	\$56,652.73
11129	UHC - Family Medicine	HO 2	Female	30-Nov-90	\$56,652.73
11130	UHC - Family Medicine	HO 2	Male	06-Nov-90	\$56,652.73
11132	UHC - Family Medicine	HO 2	Male	12-Jul-86	\$56,652.73
11111	Surgery	HO 2	Female	09-Sep-93	\$56,652.73
11110	Surgery	HO 2	Female	21-Feb-90	\$56,652.73
11121	UHC - Family Medicine	HO 1	Female	30-Dec-93	\$54,815.24
11135	UHC - Internal Medicine	HO 2	Female	19-Jan-91	\$56,652.73
11140	UHC - Internal Medicine	HO 2	Male	01-Jan-88	\$56,652.73
11142	UHC - Internal Medicine	HO 2	Male	08-Jun-90	\$56,652.73
11133	UHC - Family Medicine	HO 2	Male	29-May-93	\$56,652.73
11141	UHC - Internal Medicine	HO 2	Female	13-Jan-91	\$56,652.73
11134	UHC - Internal Medicine	HO 2	Male	17-May-91	\$56,652.73
11139	UHC - Internal Medicine	HO 2	Male	04-Nov-87	\$56,652.73
11144	Family Medicine - Lake Charles	HO 2	Male	03-Feb-93	\$56,652.73
11145	Family Medicine - Lake Charles	HO 2	Male	15-Jun-88	\$56,652.73
11146	Family Medicine - Lake Charles	HO 2	Male	15-Sep-87	\$56,652.73
11147	Family Medicine - Lake Charles	HO 2	Female	02-Sep-90	\$56,652.73

RecordID	Program	HO Level	Gender	Birthdate	Income
11148	Family Medicine - Lake Charles	HO 2	Male	17-Oct-84	\$56,652.73
11149	Family Medicine - Lake Charles	HO 2	Female	26-Sep-92	\$56,652.73
11196	Radiology Diagnostic	HO 3	Male	22-Apr-90	\$58,591.18
11197	Radiology Diagnostic	HO 3	Male	30-May-85	\$58,591.18
11228	Ophthalmology	HO 3	Male	21-May-89	\$58,591.18
11229	Ophthalmology	HO 3	Female	22-Feb-91	\$58,591.18
11230	Ophthalmology	HO 3	Male	15-Mar-91	\$58,591.18
11138	UHC - Internal Medicine	HO 2	Male	21-Nov-92	\$56,652.73
11136	UHC - Internal Medicine	HO 2	Male	09-Nov-88	\$56,652.73
11237	Ophthalmology	HO 2	Male	05-Jul-92	\$56,652.73
11238	Ophthalmology	HO 2	Male	02-Feb-93	\$56,652.73
11236	Ophthalmology	HO 2	Male	27-May-88	\$56,652.73
11241	Ophthalmology	HO 2	Male	24-Apr-89	\$56,652.73
11239	Ophthalmology	HO 2	Male	21-Sep-92	\$56,652.73
11240	Ophthalmology	HO 2	Male	04-Nov-92	\$56,652.73
14592	Dentistry	HO 1	Female	07-Dec-92	\$54,815.24
14758	Dermatology	HO 2	Male	18-Mar-93	\$56,652.73
14823	Ophthalmology	HO 2	Male	19-May-91	\$56,652.73
14599	Dentistry	HO 1	Male	04-Aug-92	\$54,815.24
14395	Urology	HO 1	Male	21-Feb-93	\$54,815.24
14396	Pediatrics - Gastroenterology	HO 8	Female	20-Aug-89	\$60,850.62
14401	Oral & Maxillofacial Surgery	HO 1	Male	03-Mar-90	\$54,815.24
14427	Oral & Maxillofacial Surgery	HO 1	Male	06-Mar-94	\$54,815.24
14428	Oral & Maxillofacial Surgery	HO 1	Female	27-Dec-91	\$54,815.24
14460	Oral & Maxillofacial Surgery	HO 1	Male	22-Oct-91	\$54,815.24
14461	Oral & Maxillofacial Surgery	HO 1	Male	15-Sep-90	\$54,815.24
14493	Oral & Maxillofacial Surgery	HO 1	Female	19-Mar-90	\$54,815.24
14559	Oral & Maxillofacial Surgery	HO 1	Female	06-Nov-92	\$54,815.24
14560	Oral & Maxillofacial Surgery	HO 1	Female	09-Apr-92	\$54,815.24
14594	Dentistry	HO 1	Male	30-Oct-91	\$54,815.24
14597	Dentistry	HO 1	Female	11-Dec-84	\$54,815.24
14600	Dentistry	HO 1	Female	08-Jul-91	\$54,815.24
14757	Dermatology	HO 2	Male	16-Jun-92	\$56,652.73

RecordID	Program	HO Level	Gender	Birthdate	Income
14790	Dermatology	HO 2	Male	12-Apr-93	\$56,652.73
15154	Clinical Neurophysiology	HO 8	Female	20-Aug-80	\$63,424.25
14598	Dentistry	HO 1	Female	23-May-94	\$54,815.24
14399	Medicine - Cardiology	HO 8	Male	26-Jul-85	\$60,850.62
13899	Surgery - Colorectal	HO 8	Male	25-Aug-90	\$66,173.68
14860	Female Pelvic Medicine & Reconstructive Surgery	HO 8	Male	30-Oct-88	\$63,424.25
14394	Urology	HO 1	Male	10-May-94	\$54,815.24
14973	Family Medicine - Bogalusa	HO 1	Male	12-Jun-90	\$54,815.24
14955	Anesthesiology	HO 1	Female	04-Oct-92	\$54,815.24
14956	Anesthesiology	HO 1	Male	26-May-94	\$54,815.24
14957	Anesthesiology	HO 1	Male	08-Dec-93	\$54,815.24
14958	Anesthesiology	HO 1	Male	19-Jan-94	\$54,815.24
14959	Anesthesiology	HO 1	Female	24-Jun-94	\$54,815.24
14960	Anesthesiology	HO 1	Male	13-Aug-93	\$54,815.24
14961	Emergency Medicine	HO 1	Male	19-May-94	\$54,815.24
14962	Emergency Medicine	HO 1	Male	30-Jul-93	\$54,815.24
14963	Emergency Medicine	HO 1	Male	27-Jan-90	\$54,815.24
14964	Emergency Medicine	HO 1	Male	27-Jun-90	\$54,815.24
14965	Emergency Medicine	HO 1	Female	23-Mar-94	\$54,815.24
14966	Emergency Medicine	HO 1	Female	15-Apr-93	\$54,815.24
14967	Emergency Medicine	HO 1	Female	28-Sep-93	\$54,815.24
14968	Emergency Medicine	HO 1	Male	07-Dec-90	\$54,815.24
14969	Emergency Medicine	HO 1	Female	23-Mar-92	\$54,815.24
14970	Emergency Medicine	HO 1	Female	19-Aug-93	\$54,815.24
14971	Emergency Medicine	HO 1	Female	31-Mar-88	\$54,815.24
14977	Emergency Medicine - Baton Rouge	HO 1	Male	09-May-92	\$54,815.24
14978	Emergency Medicine - Baton Rouge	HO 1	Male	13-Aug-90	\$54,815.24
14979	Emergency Medicine - Baton Rouge	HO 1	Male	12-Jan-94	\$54,815.24
14980	Emergency Medicine - Baton Rouge	HO 1	Female	08-Aug-92	\$54,815.24
14981	Emergency Medicine - Baton Rouge	HO 1	Male	15-Feb-92	\$54,815.24
14982	Emergency Medicine - Baton Rouge	HO 1	Female	04-Nov-92	\$54,815.24
14983	Emergency Medicine - Baton Rouge	HO 1	Male	01-Oct-93	\$54,815.24
14984	Emergency Medicine - Baton Rouge	HO 1	Female	20-Jan-94	\$54,815.24

RecordID	Program	HO Level	Gender	Birthdate	Income
14997	Family Medicine - Lake Charles	HO 1	Female	03-Feb-93	\$54,815.24
14993	Family Medicine - Kenner	HO 1	Female	02-May-83	\$54,815.24
14985	Emergency Medicine - Baton Rouge	HO 1	Female	27-Apr-94	\$54,815.24
14990	Family Medicine - Kenner	HO 1	Male	21-Mar-92	\$54,815.24
14986	Emergency Medicine - Baton Rouge	HO 1	Male	27-Apr-94	\$54,815.24
14987	Emergency Medicine - Baton Rouge	HO 1	Male	12-Oct-94	\$54,815.24
14988	Emergency Medicine - Baton Rouge	HO 1	Male	01-May-94	\$54,815.24
14989	Family Medicine - Kenner	HO 1	Male	10-Oct-86	\$54,815.24
14976	Family Medicine - Bogalusa	HO 1	Female	30-Dec-84	\$54,815.24
14996	Family Medicine - Lake Charles	HO 1	Male	02-Mar-94	\$54,815.24
15008	Internal Medicine / Pediatrics	HO 1	Female	05-Feb-94	\$54,815.24
15005	Internal Medicine / Pediatrics	HO 1	Female	27-Jan-93	\$54,815.24
14999	Family Medicine - Lake Charles	HO 1	Male	10-Jul-85	\$54,815.24
15009	Internal Medicine / Pediatrics	HO 1	Female	09-Dec-91	\$54,815.24
15006	Internal Medicine / Pediatrics	HO 1	Female	22-Mar-94	\$54,815.24
15003	Internal Medicine / Emergency Medicine	HO 1	Male	21-Dec-93	\$54,815.24
15004	Internal Medicine / Pediatrics	HO 1	Female	23-Dec-91	\$54,815.24
15012	Neurology	HO 1	Male	22-Dec-87	\$54,815.24
15013	Neurology	HO 1	Male	02-Dec-93	\$54,815.24
15007	Internal Medicine / Pediatrics	HO 1	Female	02-Sep-94	\$54,815.24
14991	Family Medicine - Kenner	HO 1	Female	21-Jul-94	\$54,815.24
14994	Family Medicine - Kenner	HO 1	Female	09-Jul-90	\$54,815.24
14992	Family Medicine - Kenner	HO 1	Male	16-Apr-93	\$54,815.24
15010	Neurology	HO 1	Male	14-Feb-94	\$54,815.24
14995	Family Medicine - Lake Charles	HO 1	Male	05-Dec-91	\$54,815.24
14998	Family Medicine - Lake Charles	HO 1	Female	09-Dec-91	\$54,815.24
15001	Family Medicine - Lake Charles	HO 1	Male	29-Sep-83	\$54,815.24
15000	Family Medicine - Lake Charles	HO 1	Male	24-Nov-90	\$54,815.24
15023	Obstetrics and Gynecology - Baton Rouge	HO 1	Female	13-Feb-95	\$54,815.24
15017	Obstetrics and Gynecology	HO 1	Female	02-Dec-93	\$54,815.24
15034	LOL - Psychiatry	HO 1	Female	02-Feb-86	\$54,815.24
15021	Obstetrics and Gynecology	HO 1	Female	03-Jun-93	\$54,815.24
14975	Family Medicine - Bogalusa	HO 1	Male	14-Feb-87	\$54,815.24

RecordID	Program	HO Level	Gender	Birthdate	Income
15037	Otolaryngology	HO 1	Male	10-Mar-89	\$54,815.24
15015	Neurosurgery	HO 1	Male	18-Nov-90	\$54,815.24
15016	Neurosurgery	HO 1	Male	29-May-92	\$54,815.24
15038	Otolaryngology	HO 1	Male	26-Oct-89	\$54,815.24
15024	Obstetrics and Gynecology - Baton Rouge	HO 1	Female	04-Sep-91	\$54,815.24
15025	Obstetrics and Gynecology - Baton Rouge	HO 1	Female	24-Feb-94	\$54,815.24
15026	Obstetrics and Gynecology - Baton Rouge	HO 1	Female	13-Mar-95	\$54,815.24
15027	LOL - Psychiatry	HO 1	Female	28-Jun-93	\$54,815.24
15028	LOL - Psychiatry	HO 1	Female	09-Aug-85	\$54,815.24
15029	LOL - Psychiatry	HO 1	Male	15-Aug-91	\$54,815.24
15030	LOL - Psychiatry	HO 1	Female	17-Jan-93	\$54,815.24
15031	LOL - Psychiatry	HO 1	Female	17-Apr-88	\$54,815.24
15148	UHC - Internal Medicine	HO 1	Female	19-Sep-92	\$54,815.24
15155	Internal Medicine - Baton Rouge	HO 1	Female	27-Nov-90	\$54,815.24
15253	Emergency Medicine - Hyperbaric	HO 8	Male	25-Apr-89	\$60,850.62
15287	Pediatrics - Hospitalist	HO 8	Female	25-Jul-87	\$60,850.62
15156	Internal Medicine - Baton Rouge	HO 1	Female	11-May-91	\$54,815.24
15165	Internal Medicine - Baton Rouge	HO 1	Male	24-Jun-91	\$54,815.24
15159	Internal Medicine - Baton Rouge	HO 1	Male	06-Jun-93	\$54,815.24
15157	Internal Medicine - Baton Rouge	HO 1	Female	10-Aug-90	\$54,815.24
15158	Internal Medicine - Baton Rouge	HO 1	Male	01-Mar-93	\$54,815.24
15163	Internal Medicine - Baton Rouge	HO 1	Male	16-Dec-93	\$54,815.24
15161	Internal Medicine - Baton Rouge	HO 1	Female	26-Sep-94	\$54,815.24
15162	Internal Medicine - Baton Rouge	HO 1	Female	22-Mar-94	\$54,815.24
15164	Internal Medicine - Baton Rouge	HO 1	Male	19-Sep-94	\$54,815.24
15320	Physical Medicine & Rehabilitation	HO 1	Male	23-Oct-92	\$54,815.24
15141	Medicine - Internal Medicine	HO 1	Male	28-Sep-92	\$54,815.24
15138	Medicine - Internal Medicine	HO 1	Female	10-Jul-94	\$54,815.24
15139	Medicine - Internal Medicine	HO 1	Female	13-Aug-92	\$54,815.24
15151	UHC - Internal Medicine	HO 1	Female	18-Aug-93	\$54,815.24
15146	UHC - Internal Medicine	HO 1	Male	31-Oct-90	\$54,815.24
15147	UHC - Internal Medicine	HO 1	Male	24-May-94	\$54,815.24
15143	UHC - Internal Medicine	HO 1	Female	17-Feb-93	\$54,815.24

RecordID	Program	HO Level	Gender	Birthdate	Income
15145	UHC - Internal Medicine	HO 1	Male	08-Jun-88	\$54,815.24
15152	UHC - Internal Medicine	HO 1	Female	14-Jul-94	\$54,815.24
15150	UHC - Internal Medicine	HO 1	Male	14-Dec-92	\$54,815.24
15144	UHC - Internal Medicine	HO 1	Male	01-Jan-92	\$54,815.24
15153	Dermatology	HO 2	Male	29-Dec-92	\$56,652.73
15322	Medicine - Rheumatology	HO 8	Female	22-Jun-88	\$60,850.62
15323	Medicine - Rheumatology	HO 8	Female	30-Jun-88	\$60,850.62
15324	Medicine - Gastroenterology	HO 8	Male	05-Mar-91	\$60,850.62
15325	Medicine - Gastroenterology	HO 8	Female	21-Apr-88	\$60,850.62
15385	Medicine - Internal Medicine	HO 1	Male	02-Jun-93	\$54,815.24
15352	Medicine - Infectious Disease	HO 8	Female	28-Mar-90	\$60,850.62
15945	Dentistry	HO 1	Female	24-Apr-88	\$54,815.24
5875	Pediatrics	#N/A	Female	15-Apr-91	#N/A
5877	Pediatrics	#N/A	Male	30-Oct-89	#N/A
5966	Medicine - Internal Medicine	#N/A	Female	05-Feb-90	#N/A
5971	Medicine - Internal Medicine	#N/A	Male	29-Aug-91	#N/A
5980	Internal Medicine - Baton Rouge	#N/A	Male	26-Sep-90	#N/A
5984	Internal Medicine - Baton Rouge	#N/A	Male	23-Sep-90	#N/A
5986	Internal Medicine - Baton Rouge	#N/A	Male	12-Feb-91	#N/A
15387	Medicine - Internal Medicine	HO 1	Male	25-Jun-92	\$54,815.24
15389	Medicine - Internal Medicine	HO 1	Male	04-Sep-92	\$54,815.24
15384	Medicine - Internal Medicine	HO 1	Male	08-Oct-93	\$54,815.24
15912	Dentistry	HO 1	Male	21-Nov-90	\$54,815.24
15388	Medicine - Internal Medicine	HO 1	Male	26-Jul-93	\$54,815.24
15516	Child Psychiatry	HO 4	Male	01-Nov-88	\$60,850.62
15166	Internal Medicine - Baton Rouge	HO 1	Male	22-Jan-93	\$54,815.24
15055	Pediatrics	HO 1	Male	30-Nov-89	\$54,815.24
15052	Pediatrics	HO 1	Male	09-Jun-93	\$54,815.24
15056	Pediatrics	HO 1	Female	28-Feb-94	\$54,815.24
15049	Pediatrics	HO 1	Female	03-Jun-92	\$54,815.24
15057	Pediatrics	HO 1	Female	15-Dec-93	\$54,815.24
15058	Pediatrics	HO 1	Male	10-Dec-93	\$54,815.24
15050	Pediatrics	HO 1	Female	02-Sep-92	\$54,815.24



RecordID	Program	HO Level	Gender	Birthdate	Income
15063	Plastic Surgery - Integrated	HO 1	Male	19-Feb-94	\$54,815.24
15046	Pathology	HO 1	Male	28-Nov-86	\$54,815.24
15043	Pathology	HO 1	Female	28-Mar-82	\$54,815.24
14972	Family Medicine - Bogalusa	HO 1	Female	27-Jul-91	\$54,815.24
15066	Psychiatry	HO 1	Male	26-Jan-89	\$54,815.24
15090	Surgery	HO 1	Male	17-Aug-92	\$54,815.24
15077	Surgery	HO 1	Male	19-Jan-90	\$54,815.24
15096	Surgery	HO 1	Male	19-Dec-90	\$54,815.24
15095	Surgery	HO 1	Female	04-Mar-94	\$54,815.24
15088	Surgery	HO 1	Female	19-Feb-89	\$54,815.24
15070	Psychiatry	HO 1	Male	18-Sep-91	\$54,815.24
15069	Psychiatry	HO 1	Female	29-Apr-93	\$54,815.24
15071	Psychiatry	HO 1	Male	12-Oct-90	\$54,815.24
15083	Surgery	HO 1	Male	02-Mar-93	\$54,815.24
15080	Surgery	HO 1	Male	28-May-94	\$54,815.24
15092	Surgery	HO 1	Female	20-Oct-93	\$54,815.24
15094	Surgery	HO 1	Female	17-Sep-93	\$54,815.24
15100	Physical Medicine & Rehabilitation	HO 1	Male	14-Feb-92	\$54,815.24
15110	UHC - Family Medicine	HO 1	Female	18-Mar-76	\$54,815.24
15101	Physical Medicine & Rehabilitation	HO 1	Male	06-Nov-91	\$54,815.24
15099	Surgery - Vascular - Integrated	HO 1	Male	22-Feb-94	\$54,815.24
15111	UHC - Family Medicine	HO 1	Female	04-May-86	\$54,815.24
15098	Surgery - Vascular - Integrated	HO 1	Female	19-Apr-90	\$54,815.24
15106	UHC - Family Medicine	HO 1	Male	27-Feb-93	\$54,815.24
15105	UHC - Family Medicine	HO 1	Female	30-Sep-94	\$54,815.24
15125	Medicine - Internal Medicine	HO 1	Male	11-Sep-92	\$54,815.24
15130	Medicine - Internal Medicine	HO 1	Male	19-Nov-91	\$54,815.24
15118	Medicine - Internal Medicine	HO 1	Female	07-Feb-94	\$54,815.24
15134	Medicine - Internal Medicine	HO 1	Male	09-Apr-93	\$54,815.24
15135	Medicine - Internal Medicine	HO 1	Male	09-Nov-93	\$54,815.24
15121	Medicine - Internal Medicine	HO 1	Male	31-May-90	\$54,815.24
15128	Medicine - Internal Medicine	HO 1	Male	03-Mar-93	\$54,815.24
15117	Medicine - Internal Medicine	HO 1	Male	27-Dec-91	\$54,815.24

RecordID	Program	HO Level	Gender	Birthdate	Income
15123	Medicine - Internal Medicine	HO 1	Female	26-Aug-94	\$54,815.24
15126	Medicine - Internal Medicine	HO 1	Female	03-Sep-94	\$54,815.24
15122	Medicine - Internal Medicine	HO 1	Female	14-Aug-84	\$54,815.24
15127	Medicine - Internal Medicine	HO 1	Male	03-Apr-93	\$54,815.24
15131	Medicine - Internal Medicine	HO 1	Female	28-Jun-93	\$54,815.24
15140	Medicine - Internal Medicine	HO 1	Female	01-Oct-93	\$54,815.24
15137	Medicine - Internal Medicine	HO 1	Female	26-May-94	\$54,815.24
15386	Medicine - Internal Medicine	HO 1	Male	19-Jun-90	\$54,815.24
15780	Epilepsy	HO 8	Female	21-Apr-74	\$63,424.25
15167	Internal Medicine - Baton Rouge	HO 1	Male	06-Aug-86	\$54,815.24
15168	Internal Medicine - Baton Rouge	HO 1	Male	18-Jul-94	\$54,815.24
15169	Radiology Interventional	HO 2	Male	16-Jul-92	\$56,652.73
7331	Internal Medicine - Baton Rouge	HO 3	Male	17-Nov-90	\$58,591.18
7144	Emergency Medicine	HO 3	Male	02-Nov-89	\$58,591.18
7191	Internal Medicine / Pediatrics	HO 3	Female	04-Nov-82	\$58,591.18
11081	Pediatrics	HO 2	Female	08-Oct-92	\$56,652.73
11105	Surgery	HO 2	Female	17-Mar-92	\$56,652.73
11064	Pathology	HO 2	Female	07-Nov-79	\$56,652.73
12118	UHC - Internal Medicine	HO 2	Male	15-Oct-86	\$56,652.73
11069	Pediatrics	HO 2	Male	05-Apr-91	\$56,652.73
11080	Pediatrics	HO 2	Female	02-Dec-90	\$56,652.73
7266	Pediatrics/Emergency Medicine	HO 3	Female	01-May-89	\$58,591.18
15129	Medicine - Internal Medicine	HO 1	Male	08-Apr-93	\$54,815.24
15132	Medicine - Internal Medicine	HO 1	Male	14-Sep-93	\$54,815.24
15124	Medicine - Internal Medicine	HO 1	Male	15-Feb-89	\$54,815.24
15119	Medicine - Internal Medicine	HO 1	Male	31-May-92	\$54,815.24
15136	Medicine - Internal Medicine	HO 1	Male	08-Jun-85	\$54,815.24
15133	Medicine - Internal Medicine	HO 1	Male	11-May-93	\$54,815.24
15112	UHC - Family Medicine	HO 1	Female	30-Mar-71	\$54,815.24
15120	Medicine - Internal Medicine	HO 1	Male	09-Apr-94	\$54,815.24
15113	UHC - Family Medicine	HO 1	Female	15-Oct-91	\$54,815.24
15116	Medicine - Internal Medicine	HO 1	Female	01-Oct-93	\$54,815.24
15114	Medicine - Internal Medicine	HO 1	Male	13-Mar-87	\$54,815.24

RecordID	Program	HO Level	Gender	Birthdate	Income
15115	Medicine - Internal Medicine	HO 1	Male	27-Nov-91	\$54,815.24
5333	Physical Medicine & Rehabilitation - Pain Medicine	HO 8	Male	30-Jun-88	\$63,424.25
11018	Medicine - Internal Medicine	HO 2	Male	25-Jun-90	\$56,652.73
7154	Emergency Medicine	HO 3	Male	14-Apr-87	\$58,591.18
10999	Family Medicine - Kenner	HO 2	Female	10-May-92	\$56,652.73
11048	Obstetrics and Gynecology - Baton Rouge	HO 2	Female	13-Jun-91	\$56,652.73
4616	Radiology - Women's & Breast Imaging (Non Accred)	HO 8	Male	28-Aug-80	\$66,173.68
5935	Internal Medicine / Emergency Medicine	HO 3	Female	12-Jun-88	\$58,591.18
11011	Internal Medicine / Pediatrics	HO 2	Female	10-Dec-91	\$56,652.73
11201	Pediatrics - Cardiology	HO 9	Female	20-Apr-88	\$63,424.25
5332	Physical Medicine & Rehabilitation - Pain Medicine	HO 8	Male	11-Sep-89	\$63,424.25
11023	Medicine - Internal Medicine	HO 2	Female	29-Mar-88	\$56,652.73
11021	Medicine - Internal Medicine	HO 2	Male	29-Jul-91	\$56,652.73
5885	Physical Medicine & Rehabilitation	HO 4	Male	29-Jun-91	\$60,850.62
12348	Dentistry	HO 2	Male	08-Dec-90	\$56,652.73
7268	Physical Medicine & Rehabilitation	HO 3	Male	15-Jun-91	\$58,591.18
7172	Family Medicine - Bogalusa	HO 3	Female	09-Aug-89	\$58,591.18
5886	Physical Medicine & Rehabilitation	HO 4	Male	09-Jul-81	\$60,850.62
5792	Urology	HO 4	Female	25-Aug-86	\$60,850.62
7163	Emergency Medicine - Baton Rouge	HO 3	Male	27-Sep-91	\$58,591.18
7270	Physical Medicine & Rehabilitation	HO 3	Male	10-Aug-89	\$58,591.18
5887	Physical Medicine & Rehabilitation	HO 4	Male	07-Aug-90	\$60,850.62
5793	Urology	HO 4	Male	11-Mar-89	\$60,850.62
5146	Medicine - Electrophysiology	HO 10	Male	14-Aug-77	\$66,173.68
4758	Medicine - Gastroenterology	HO 10	Female	06-Apr-82	\$66,173.68
4755	Medicine - Cardiology	HO 10	Male	27-May-89	\$66,173.68
6674	Radiology Interventional	HO 4	Male	02-Jul-88	\$60,850.62
7432	Ophthalmology	HO 4	Female	29-Oct-90	\$60,850.62
7433	Ophthalmology	HO 4	Male	22-Aug-90	\$60,850.62
7434	Ophthalmology	HO 4	Male	24-Nov-85	\$60,850.62
7435	Ophthalmology	HO 4	Male	20-Jun-90	\$60,850.62
7436	Ophthalmology	HO 4	Male	11-Dec-88	\$60,850.62
7437	Ophthalmology	HO 4	Female	10-Oct-87	\$60,850.62

RecordID	Program	HO Level	Gender	Birthdate	Income
4081	Medicine - Gastroenterology	HO 10	Female	26-Apr-88	\$66,173.68
8157	Anesthesiology	HO 4	Female	23-Nov-88	\$60,850.62
10236	Medicine - Pulmonary	HO 9	Female	26-May-85	\$63,424.25
10533	Radiology Diagnostic	HO 3	Female	21-Jun-86	\$58,591.18
10534	Radiology Diagnostic	HO 3	Female	21-Aug-82	\$58,591.18
7212	Dermatology	HO 3	Female	12-Feb-90	\$58,591.18
7202	Dermatology	HO 3	Female	14-May-91	\$58,591.18
7497	UHC - Internal Medicine	HO 3	Female	14-Mar-87	\$58,591.18
7320	UHC - Internal Medicine	HO 3	Female	23-Jun-89	\$58,591.18
11820	Medicine - Endocrinology	HO 9	Male	01-Aug-68	\$63,424.25
11231	Ophthalmology	HO 3	Male	07-Nov-91	\$58,591.18
11233	Ophthalmology	HO 3	Female	13-Jun-91	\$58,591.18
11234	Ophthalmology	HO 3	Female	25-Sep-91	\$58,591.18
11235	Ophthalmology	HO 3	Male	08-Oct-92	\$58,591.18
5888	Physical Medicine & Rehabilitation	HO 4	Female	21-Mar-90	\$60,850.62
5769	Medicine - Cardiology	HO 10	Male	18-Apr-85	\$66,173.68
5896	Psychiatry	HO 4	Female	20-Oct-86	\$60,850.62
5941	Surgery	HO 4	Male	08-Oct-85	\$60,850.62